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RECENT DEVELOPMENTS IN SCARLET FEVER¹

BY GLADYS HENRY DICK, M.D.

SCIENTISTS do not seek the causes of diseases out of mere curiosity. They seek them because no disease can be intelligently treated or prevented until its cause is definitely known. In searching for the cause of a disease, there are so many possibilities of error, and so many mistakes have actually been made, that certain proof is required before any particular organism can be accepted as the cause of a disease. These requirements are expressed in Koch's laws, which may be stated as follows:

First—The suspected organism must be found constantly associated with the disease.

Second—The organism must be grown on artificial medium, in pure culture.

Third—It must be possible to produce the disease experimentally by inoculating a suitable animal with a pure culture of the organism.

Fourth—The organism must be isolated from

the experimental disease, and again grown in pure culture.

When we began the study of scarlet fever, about twelve years ago, no organism had fulfilled all the requirements of Koch's laws, and it was generally accepted as a disease of unknown etiology.

*"THE test (Dick test) is of great value and will find, like the Shick test, an increasing field of application in the selection of susceptible individuals for passive and active immunization; for passive immunization with convalescent serum from human beings or antitoxic serum from animals; and for active immunization with increasing doses of the toxin itself."*²

Certain organisms were known to be practically constantly associated with scarlet fever, and they had been grown on artificial medium in pure culture. But no one had succeeded in producing experimental scarlet fever with a pure culture of any of these organisms. After three or four years' work on the bacteriology of the throat, blood, urine, and organs of scarlet fever patients,

we were able to verify the results of previous investigators as to certain facts:

First—That, while a variety of bacteria may be found in the blood cultures from scarlet fever patients, no one organism is constantly present in the blood during the acute stage of the disease.

Second—That hemolytic streptococci are practically constantly associated with scarlet fever.

¹ Read at the June meeting of District 1, Illinois State Association.

² Editorial, Journal American Medical Association, April 19, 1924.

We attempted to produce experimental scarlet fever in animals by inoculating them with various materials and cultures from scarlet fever patients. Guinea pigs, rabbits, mice, dogs, pigeons, and small white pigs were inoculated with blood from early cases of scarlet fever; with pure cultures of many different bacteria obtained from scarlet fever; with ground up organs from scarlet fever post-mortems; and with mucus obtained from the throat in early cases of scarlet fever. Monkeys were not used, because they had been so thoroughly tried by previous investigators that it seemed unnecessary to repeat their work.

In this long series of animal inoculations, an occasional rash was obtained, and, less frequently desquamation, but no one organism produced constantly in any species a clinical condition resembling scarlet fever closely enough to justify the designation of experimental scarlet fever. So that the most essential evidence for the determination of the etiology of scarlet fever was still lacking.

We decided that animals are comparatively insusceptible to the disease, and that, if we were to overcome the obstacle that had blocked the work of other investigators for so many years, it would be necessary to use human volunteers for the production of experimental scarlet fever. Recourse to the use of human volunteers had been necessary to the solution of other medical problems. The transmission of malaria and of yellow fever by mosquitoes had been demonstrated in this way. Even with human volunteers, we could not expect to obtain experimental scarlet fever readily; for it was known that less than one-half of the persons exposed to scarlet fever

contract the disease. Healthy young adults who said that they had never had scarlet fever were chosen. The first of these volunteers were inoculated subcutaneously with fresh blood serum, and with fresh whole blood from early cases of scarlet fever. The results of these inoculations were entirely negative. So far as any conclusions could be drawn from these experiments, they confirmed our previous results in indicating that the specific organism of scarlet fever is not present in the blood stream during the acute stage of the disease.

You know that some diseases are caused by filterable viruses. These organisms are so small that they can not be seen with the microscope, and so minute that they pass through the pores of unglazed porcelain. In order to learn whether or not scarlet fever is caused by one of these filterable viruses, the next volunteers were inoculated with material obtained by passing mucus from the throats of scarlet fever patients through porcelain filters. These volunteers also remained quite well. These experiments, so far as they went, indicated that scarlet fever is not caused by a filterable virus present in the throat during the acute stage of the disease.

Then, since the hemolytic streptococcus is the organism most constantly associated with scarlet fever, the next volunteers were inoculated with pure cultures of hemolytic streptococci isolated from uncomplicated cases of scarlet fever. These inoculations were made by swabbing a pure culture of the hemolytic streptococcus on the tonsils and pharynx of the volunteer. Most of the volunteers inoculated with the hemolytic streptococci remained well.

Some developed sore throat and fever, but none showed a rash.

We thought that failure to obtain the rash might be due to a relative insusceptibility on the part of the volunteers. It had been shown by means of the Schick test, that persons who have spent their childhood in rural districts, or in the more sheltered homes of the well-to-do, are more frequently susceptible to diphtheria than are those from the congested districts of the large cities. And we decided to do some further inoculation experiments, using persons of an intelligent type who could give their full personal and family history, and to select them, so far as possible, from those whose childhood had been spent in rural districts or in well-to-do homes.

In this series of inoculation experiments, we obtained a case of typical scarlet fever by inoculation of a pure culture of a hemolytic streptococcus. This streptococcus was isolated from a lesion on the finger of a nurse who had acquired the disease while caring for a convalescent scarlet fever patient. This was the first case of experimental scarlet fever ever produced with a pure culture of any organism. Once having overcome this obstacle that had stopped progress in scarlet fever for so many years, we were able to proceed more rapidly.

First, it was necessary to show whether this case of experimental scarlet fever had been caused by the hemolytic streptococcus or by a filterable virus associated with it in the culture. A second group of volunteers were inoculated with the same culture after it had been passed through a porcelain filter. These volunteers remained well. After

two weeks had elapsed, and they were still well, they were inoculated with the unfiltered culture. Forty-eight hours later, one of them developed scarlet fever. This experiment furnishes evidence that the disease is not caused by a filterable virus, but is due to the hemolytic streptococcus.

But there were still some difficulties. Not all of the hemolytic streptococci associated with scarlet fever are of the same cultural type. Some of them ferment certain sugars that others do not ferment. And it was necessary to show that each type is capable of producing the disease. This was done by inoculating other volunteers with the second type of hemolytic streptococcus, and obtaining another case of experimental scarlet fever. The requirements of Koch's laws had now been fully met, and we are justified in concluding that scarlet fever is caused by the hemolytic streptococcus.

Since the hemolytic streptococcus is found in the throat and is seldom present in the blood, it is evident that the rash of scarlet fever is not produced by the direct action of the streptococcus on the skin. And it was still important to learn by what means the streptococcus, growing in the throat, caused the rash. We found that the streptococcus produces a toxin. This toxin is absorbed into the blood and causes the nausea and vomiting, and the rash. The discovery of this toxin offered a scientific foundation for:

First—The development of a skin test for susceptibility to scarlet fever.

Second—Preventive immunization.

Third—The production of a scarlet fever antitoxin.

It was found that dilute solutions of this toxin may be used in skin tests to

determine susceptibility to scarlet fever. This skin test is comparable to the Schick test for susceptibility to diphtheria. If a person tested is not susceptible to scarlet fever, the skin remains white about the point of injection. If the person tested is susceptible, there is a reddening of the skin about the site of the test. These skin tests must be observed between twenty and twenty-four hours after they are made. For they may be completely faded at the end of thirty to forty-eight hours. We have found that it is possible to immunize susceptible persons; so that their skin tests become negative, and they do not contract scarlet fever on exposure. This preventive immunization is accomplished by giving small doses of the toxin subcutaneously.

The skin test for susceptibility and the preventive immunization are of particular interest to nurses. Since the development of the skin test, we have been testing all the nurses who come to the Durand hospital for training in contagious diseases. If they show a negative skin test, they are assigned to duty on the scarlet fever floor, without further precaution. If they have positive skin tests, they are immunized before they are allowed to care for scarlet fever patients. The immunization, as we are now giving it, consists of three doses of toxin at five day intervals. Experience has shown that the immunization must be carried to the point of a negative skin test.

This method of preventing scarlet fever has apparently been successful. Children may be tested and immunized in the same way. If they are not seen until after exposure to scarlet fever, the procedure is more complicated, and

the prevention is less certain. But, up to the present, no case of scarlet fever has developed, even among those who were not seen until after exposure.

During the course of scarlet fever, the body manufactures an antitoxin that is capable of neutralizing the scarlet fever toxin. It is the presence of this antitoxin in the convalescent serum that makes it useful in treating acute cases of scarlet fever. If horses are injected with gradually increasing doses of scarlet fever toxin, they, also, manufacture an antitoxin. And this antitoxin may be concentrated by the same methods used for concentrating diphtheria antitoxin. We are now beginning to use this scarlet fever antitoxin in the treatment of scarlet fever. Just what part it will play in the treatment of scarlet fever in the future, is yet to be determined.

Briefly stated, the results of our work have been to show that scarlet fever is caused by the hemolytic streptococcus growing in the throat, and there producing the specific toxin of scarlet fever. This toxin is absorbed into the blood stream and carried to all parts of the body, producing the characteristic rash. The toxin is used in dilute solutions to obtain skin tests for susceptibility to scarlet fever. In stronger solutions it is used in preventive immunization. And it is also used to immunize horses for the production of a scarlet fever antitoxin to be used in the treatment of scarlet fever. Thus the very toxin that causes the disease furnishes us with the means of combating scarlet fever.

Editor's Note—Comprehensive articles on this subject by Dr. George F. Dick and Dr. Gladys Henry Dick may be found in the Journal of the American Medical Association for April 19 and July 12, 1924.

THE NURSING OF SCARLET FEVER PATIENTS

BY ELIZABETH F. MILLER, R.N.

THE nurse has three elements of responsibility to consider in the nursing care of a scarlet fever patient which are as follows:

a. To understand the significance of contact infection and the importance of aseptic nursing in order to prevent herself from becoming infected.

b. The importance of the nursing care of the patient to prevent complications and sequelae.

c. The safeguarding of other members of the family, and the protection of the community.

d. The education of all those intimately associated with the immediate problem, which would include the patient, if he or she is old enough to understand, and all other members of the family.

Scarlet Fever is one of the communicable diseases that has had the distinction of much superstition in past years. While the theory of contact infection has permeated many communities, and though a fair percentage of the population realize the infective agent is found principally in the nose and throat of the patient, we still hear echoes like the following: "The dangerous time in scarlet fever is the peeling period," "scarlet fever lives a long time in closets, or on wall paper, or beneath it," "it is a dangerous air-borne disease." We also see a picture frequently of two boys passing a placarded house, each one holding his nose lest a germ fly out and he breathe it. This picture though ludicrous has also misled the public.

In my personal experience I have had nurses, doctors, and registries call me for a nurse who has had scarlet fever herself, in order that she may be safe to nurse a case for which they called her.

Many registries still require a nurse to be idle a week after leaving a scarlet fever patient. These incidents and many others have a deterrent effect upon nurses in general when they are needed for a patient having scarlet fever. All these attitudes are due to a lack of knowledge of the mode of transmission of scarlet fever, and every nurse would be enlightened by reading Dr. Chapin's book on, "The Sources and Modes of Infection."

The recent developments in research work in scarlet fever under the direction of Dr. Dick of the Infectious Institute in Chicago has given us new knowledge concerning this disease. The aseptic nursing started fourteen years ago under the leadership of Dr. Chapin of Providence, Rhode Island, known as the Chapin technic, or The Pasteur Method, has given us a new point of view about the public health aspects of the case, and the nursing care of the patient afflicted with this disease.

In the following suggestions concerning the care of the patient, we shall think in terms of clean, and contaminated areas, and this will apply to both hospital and home management in the nursing of the patient.

The first principle in aseptic technic is to limit the infection to the least number of articles possible; this implies concurrent disinfection, or the immediate cleansing of any contaminated surface, and the immediate disinfection of all discharges from the patient, all linen, dishes, utensils, etc., that the patient contaminated or that were indirectly contaminated by the nurse. *All dishes*

and utensils used by the patient should be sterilized after each use even though they are isolated.

GENERAL INSTRUCTIONS FOR THE NURSE

1. The nurse should wash her hands each time she contaminates them. She can facilitate her work in the home by having squares of clean paper for opening faucets, and doors, and protecting clean surfaces from contamination.

2. Keeps hands away from the face.

3. The nurse must not sit on the patient's bed, or kiss a child, or allow a patient in contact with the face or hair.

4. Avoid as far as possible getting in direct line or near the mouth of a patient who is coughing or sneezing, as infectious particles may be thrown several feet under these conditions.

5. Take a daily walk in the fresh air. If a nurse's technic has been observed, she is safe to go into the community just as nurses employed in a communicable disease hospital.

6. Antiseptic gargles do not keep a nurse from being infected and may lower the resistance of the mucous membrane. Washing the mouth with physiological salt solution is always cleansing whether nursing a scarlet fever patient, or a non-infectious patient.

The nurse's bed room should be a clean area, for her gown should hang in the patient's room out of reach of the patient. If a nurse is obliged to sleep in the room with a patient, a distance of six or eight feet should separate her cot from the patient's crib or bed; if this is impossible, a screen should separate them. The screen can be a suspended sheet or a fancy screen covered with a sheet. Her bed should be clean, that is uncontaminated. She can insure cleanliness by covering it with a sheet lest she or the doctor touch the bed accidentally.

The room chosen for the patient should be bright, airy, and warm, ad-

joining the bathroom if possible. Draperies and rugs may be removed for the sake of cleanliness, and to simplify the daily cleaning, not because the organisms will light on them and cling. These articles can be disinfected by hanging in the sunlight for twelve hours and then placed in a clean area until the patient is entirely recovered.

A daily cleansing bath between blankets is essential to relieve the kidneys of extra strain, and for the general welfare of the patient. Rubbing a scarlet fever patient with alcohol is irritating to the skin, therefore contraindicated. Formerly the skin was anointed with oil or vaseline during both the eruptive stage and the desquamating period; this method is now obsolete, for the theory of desquamating skin being a means of infection has long been abandoned by the best communicable disease authorities.

If the exanthem causes discomfort, it may be allayed by bathing with a half of one percent. Sodium Bicarbonate solution about once or twice a day as indicated.

In consideration of the diet, if the onset is attended with much nausea, food is restricted until the gastric symptoms subside. During the period of nausea cracked ice and fruit juices should be given.

If the kidneys function, that is, if the output of liquids equals intake, the amount of liquids may be increased correspondingly. In the vast majority of instances water can be given in large quantities from the beginning.

The diet is usually liquid until the temperature is normal, then food is increased and varied according to individual doctor's instructions and according

to the general condition of the patient. Meat was formerly restricted entirely, but it is now given in limited quantities after temperature is normal for some days, without any disastrous results.

If there is edema, the patient is given the same diet as any other patient would receive who has impaired kidneys.

Elimination is very important from the onset of the disease. Urge the patient to take plenty of water—two or three quarts daily, excluding his liquid diet. Plenty of fruit juices, especially orange juice, well diluted, lemonade and grape juice are helpful. Diuretics are given according to the doctor's orders, and may include diuretin, Basham's mixture, and potassium citrate. If the water is forced from the beginning, there is little need for diuretics, and it is safe to assume that the administration of quantities of water during the earlier stage helps to prevent later complications and infections. The output of urine should be observed and noted daily.

The mouth should require the same attention as any other febrile condition demands, the nurse always bearing in mind the ineffective element found in the throat and nose, therefore the necessity for very careful handling of the contaminated solution after leaving the patient's mouth, and the immediate disinfection of the solution, basins, and her hands. When the patient begins to eat solid food, the use of the tooth brush after each meal is indicated and is practical when the nurse has but one patient. Thorough cleansing of the tooth brush is necessary after each use.

The patient should be in a recumbent position as long as the temperature

is elevated, and as long thereafter as ordered by the physician. This varies with the degree of toxemia. Some patients may sit up in bed after seven days, while others are obliged to rest a longer period. Unless complications arise, the ordinary patient is allowed to be up and around at the end of three weeks, and in nice weather should be allowed in the fresh air if supervised.

There must be constant watching for untoward symptoms which may indicate any one of the complications so frequently seen in scarlet fever. Among the common complications are otitis media, cervical adenitis, endocarditis, nephritis, and arthritis. Other associated infections are always possible and this is a point to observe in the handling of scarlet fever patients.

Severe complications may occur in the mildest cases, for this reason most careful nursing care, at the very beginning, should be given even though the temperature is almost normal from the beginning. This point is sometimes forgotten. Complicated cases of otitis media, and cervical adenitis often become surgical cases and here we have the possibility of severe streptococcic infections, so strict surgical asepsis, as well as medical asepsis is indicated to both nurses and doctors handling the patient.

Arthritis is a common complication occurring usually the second week. It may assume a painful aspect, and in any event, calls for prompt nursing measures. When the patient complains of "joint pains," place him between blankets, if in the winter, and at all times wrap the affected joints in cotton. Bathe affected joints each day, being careful to bathe one joint at a time and re-wrap at once with cotton before

exposing another joint. This care often prevents much pain and allays the general discomfort attending scarlatinal arthritis.

Nephritis is an important complication. Frequent urinalysis is absolutely necessary in scarlet fever, and should be repeated at least every third day. The nursing care and attention to elimination often determine the ultimate recovery of the patient.

TERMINATION OF THE CASE

If the nurse has observed all the details of her technic from day to day, the release of the patient is a simple procedure. A warm soap and water bath and the washing of the patient's hair are all that are necessary for the

patient. The thorough disinfection of all contaminated articles is necessary. For the mattress, an exposure of twelve hours to sunlight should be all that is necessary if the mattress was properly protected. Blankets can be washed and dried in the sunlight.

The former terminal ceremony of fumigating is now obsolete, and attention is given to the daily details of keeping areas and surfaces free from contamination. The new light that has been given to us in handling scarlet fever patients as well as other communicable disease patients has made the nursing both scientific and interesting, thereby dispelling much of the superstition and ignorance that formerly surrounded the disease.

MRS. MURPHY

By ALICE A. WESTON, R.N.

"NUMBER five! Number six! Number seven!" It was a moderately busy Out-Patient day. A large number of patients, both new and old, were crowded around the admitting desk. Number seven proved to be a young negro. Painfully he limped to the desk, pushing his way through the mass of Jews, Irish, Greeks, and Armenians who were waiting for admission. He confirmed the fact that he was Isaiah Johnson, aged twenty-eight, and married. He confided to the clerk that he had come to the hospital because he had "misery" in his left leg. After this confidence he was directed,—Straight ahead. Down by

the clock. Bring this ticket the next time you come. Fifty cents, please! Next!"

So was Number Seven disposed of, and Mary Murphy was called next. In her turn, Mary Murphy limped to the desk. She had been limping to that desk over a long period of years. Nearly ten years previously she had admitted that she was forty-seven years of age, the mother of eleven children, and a widow. She had buried all but three of the children; but, in spite of that, she did not approve of all this attention children were getting today.

The last ten years had wrought little change in her. She had perhaps gained

a little in weight, lost more of teeth, but was wearing the same corsets, although she confided that she had a "grand new pair." She had paid three dollars and a half for them, but they were so stiff that she couldn't wear them. Her coat was one that she had bought in those early days at Timothy Smith's for ten dollars. Her hat had been rescued from the rubbish barrel in the Nurses' Home when she worked there six years before.

Her mouth was very spacious and sparsely populated with teeth. Particularly was this true in the front. The two middle incisors on the upper jaw hung loosely down over a vacant space on the lower, and outside of the lip. Sometimes when she desired to impress her listener, she would hold the teeth over the lip for a moment and one wondered why she had not bitten herself long ago.

Mary was the chief support of her widowed daughter and two children. For several years she had been working at any job she could get, from scrubbing to laundry work, and from laundry to cooking. Every place she had worked she had had to quit because of an old varicose ulcer which would break down periodically and incapacitate her. The doctors had always advised operation, and the nurses and social workers had urged it upon her. Her Irish superstition, however, kept her from entering the hospital. She was sure that she would die there.

This morning she was still determined to keep both of her legs until she died, and to "go to the Maker with the same legs he gave me." She limped down the corridor and seated herself heavily beside Isaiah. Isaiah was affable. It was his first visit and he had come on the

recommendation of a friend. "Howdy, Mam, reckon yo got a bad laig, too."

"Begorra, I should say I have! Its twenty years since this first bust out. I was carrying my Ellen, who died of cholera infantum when she wasn't but two months old. It gits well, and then I go to work, and then I knock it against something, and it busts out again, and I have the Devil's own time getting it healed up again. Sure, they've been after me to have me veins out, but with the Grace o'God I'll meet my Maker with both legs as He made me. It's no operation I'll be havin'." "For the love o' Mike!" she exclaimed, as a nurse walked down the corridor, "I know that girl."

"That girl" was the new Out Patient Department supervisor. She had just come on the job after three years of Public Health work in a small town. As she came down the corridor she smiled at the patients who were sitting on the benches. She stopped to ask a small boy about his arm. He had broken it by falling from a roof. A question revealed the fact that his mother was sick in bed. He promised to see the Supervisor again after he had seen the doctor. The nurse moved along to a patient with a baby on her lap. This patient was one of those good-natured Italian women. At a casual glance one would think that the baby was also very good-natured, but a closer inspection showed a nipple stuffed with a rag as the cause of the good-nature. Hereupon ensued a lecture on pacifiers.

As the Supervisor disappeared into the examining room, Mrs. Murphy once again confided to Isaiah that she had known that girl when she was training.

She guessed she was "full-fledged" now. "Reckon she's right smart," said Isaiah. "They're all the same, not much difference in any of them," returned Mrs. Murphy.

As the morning grew older Isaiah and Mrs. Murphy were each called into their respective examining rooms. When her turn came Mrs. Murphy displayed her leg with great pride, for indeed, hadn't she been told time and again that it was the worst leg that had ever been treated in the O. P. D.? "How long have you had these ulcers?" queried the nurse. "Twenty years," was the proud answer. "I think that you were a patient here when I was a pupil." "Faith, I think I was. Sure, I've been coming here for the last tin years." "Have you ever been advised to have your legs operated upon?" Had she? Well, Mrs. Murphy wanted her to know that, etc., etc. Miss Abbott sighed and then went through the discussion that each of her predecessors had gone through before her. The result was the same.

Miss Abbott made it a point to see her the next time she came to the clinic. It was during the demonstration of a pressure bandage that Miss Abbott learned something of Mrs. Murphy's history. She learned about Edward and Grace, and how Mrs. Murphy had to cook and care for them during the hot summer days, and in this way it was impossible to keep off her feet. Miss Abbott suggested that the children be sent to a camp for two weeks, especially as they were both rather poorly. Mrs. Murphy was delighted with this idea.

Later in the summer Mrs. Murphy was still getting dressings and the leg was improving rapidly. She was very

happy. The children had been away and had been brought back happy and healthy. She was expanding to the patients on the bench. She told them about Grace and Eddie, and how Miss Abbott was the first person to ever be interested in her, and was the best friend she had. When Miss Abbott got her alone she denied the friendship on the grounds that if Mrs. Murphy was truly a friend she would take care of herself and get her veins out.

By this time Mrs. Murphy was convinced that Miss Abbott would not give her any advice that she was not sure was the best. She started to waver. She was caught unawares. Before she knew it, she had promised to see the Social Service about finding a place for the children to stay while she was in the hospital. She knew now exactly what would happen to her in the hospital and in the operating room. The children were sent to the same camp again for two weeks, and Mrs. Murphy got the veins out. Two months later she stopped in the O. P. D. to tell Miss Abbott that she had a position folding towels in a laundry. Nothing more was heard of her until the following summer when once more she came into the O. P. D. This time she was still working, but wanted Miss Abbott to send the children to the country again. The matter was referred to the Social Service and the children were sent away once more.

Every year now when spring comes around Mrs. Murphy bobs up with the first crocus, and the children are sent away. She is now urging everyone who has any sort of ulcer to have it operated on. Almost every week someone comes to the O. P. D. and asks for Miss Abbott, and tells her that Mrs. Murphy sent

her. These new patients say Mrs. Murphy tells them of the structure of the veins and how the valves do not work, etc. She reads them long lectures on how much more economical it is to follow "Doctor's" advice than to disregard it. She has it figured out in dollars and cents. Miss Abbott and she met on the street a short time ago. Mrs. Murphy was bringing Grace home from the free dental clinic. She told Miss Abbott that Grace went regularly, now

that she knew what a difference it made to the teeth.

Miss Abbott smiled, and for a moment she thought she was again doing Public Health work. Then she realized that this was just what she was doing, except that the patient was the mobile unit rather than the nurse. Instead of the nurse's hunting for Isaiah and Mary at 109 Seventh Street, it was Isaiah or Mary who came to answer the call, "Number One," or, "Number Seven."

THE MILK LABORATORY

CHILDREN'S HOSPITAL OF PHILADELPHIA

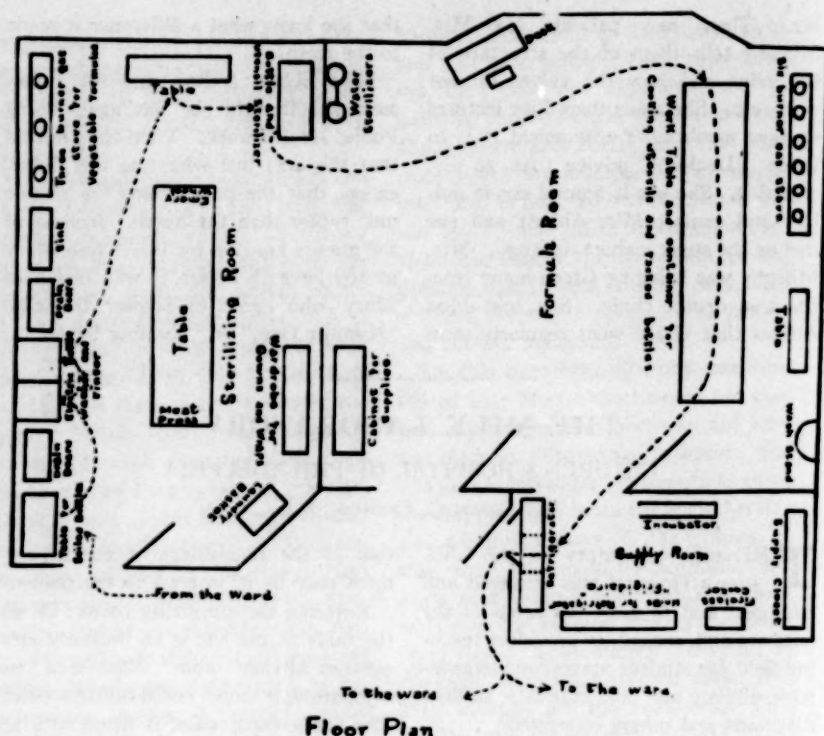
By SUSAN C. FRANCIS, R.N.

THE milk laboratory of the Children's Hospital was arranged and equipped first to meet the needs of the patients and, second, to provide a teaching field for student nurses—undergraduate, affiliate and post-graduate, student dietitians and others interested.

A study of the diagram of the floor space (Ill. 1) will show that the department has three rooms; namely, the formula room in which the milk formulae are prepared, the sterilizing room in which the meat and the vegetable formulae are prepared and the bottles and utensils washed and sterilized; and the supply room in which are located the refrigerator, the incubator for making the buttermilk and the acidophilus milk, the fireless cooker in which are prepared the cooked starchy mixtures, and a supply cupboard. The dotted lines indicate the route of the bottles from the ward through the milk laboratory and out again on their way to the wards. A somewhat detailed descrip-

tion of the furnishings of the department may be of interest to the readers.

Entering the sterilizing room (Ill. 2) the table at the left is an ordinary zinc covered kitchen table. Next is a two compartment monel metal bottle washer. The first compartment is fitted with an electric motor driven bottle washer which has an interchangeable attachment for a brush for the nursing bottles and for a brush for the ordinary quart milk bottles. The second compartment has a rinsing apparatus which upon pressure will spray the outside and the inside of the bottle held upside down on the spray. The white porcelain drain board and sink are used for washing the vegetables and the pots and pans. The gas stove is the usual plate type with three burners and set on angle iron legs. Another zinc covered table stands at right angles to the stove and between the stove and the bottle and utensil sterilizer. A third zinc covered kitchen table occupies the middle of the floor. To



Floor Plan

Milk Laboratory Children's Hospital of Philadelphia

(Illustration 1)

one end of the table is attached the meat press and to the other an emery wheel used to grind a spot on the side of each nursing bottle on which may be marked the number of the patient for whom the bottle is intended. This method of marking the bottles is preferred to the use of labels which may be lost in transit to the patient and which have other objectionable features. A double white enameled steel wardrobe, one side for gowns and the other for capes, and a white enamel laundry basket complete the furnishings of this room.

Going into the formula room (Ill. 3) and on the other side of the partition from the utensil sterilizer are found the hot and cold water sterilizers. These as well as the utensil sterilizers, are operated by means of high pressure steam. Under a window is the desk used by the head nurse of the department.

The combination table and cabinet at which most of the work of the department is done is fifteen feet long, thirty inches wide and thirty-four inches high. The top is of heavy polished monel metal as are the drawers and shelves. The sliding doors to the cabinet are of



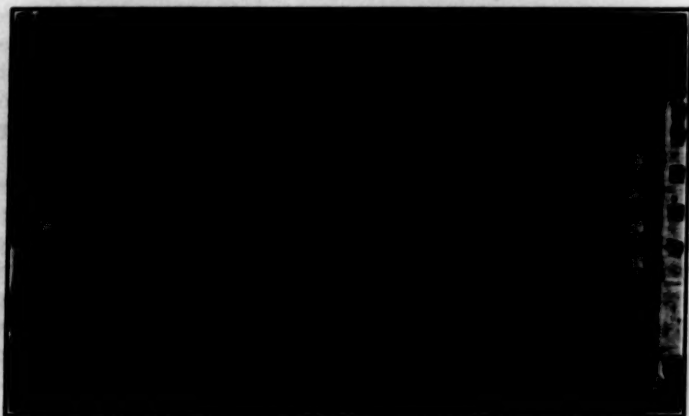
(Illustration 2) BOTTLE WASHING AND STERILIZING ROOM

reinforced plate glass on ball bearing wheels and steel tracks. The front, back, sides and adjustable feet of the cabinet are of white porcelain with monel metal trimmings. On all four sides is a polished nickel rail projecting out about two inches.

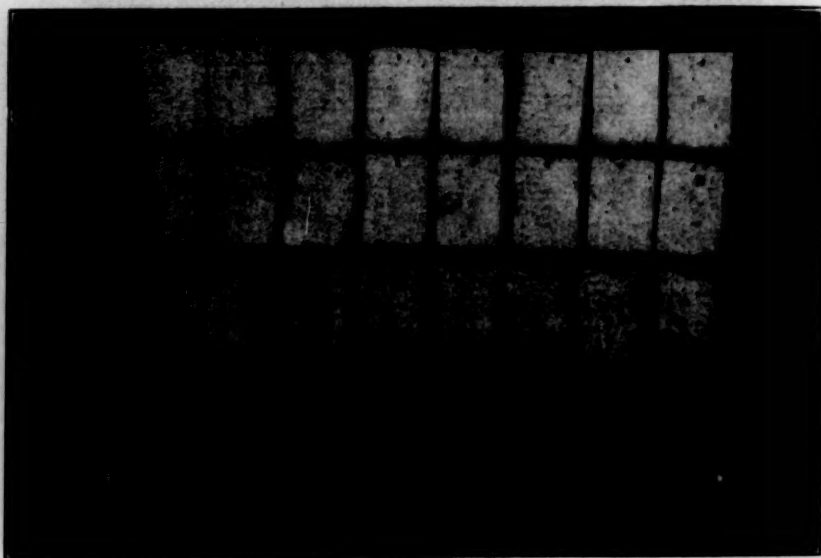
The two formula racks (Ill. 4) are movable and are made of light nickel plated steel rods mounted on bases sufficiently heavy to hold them upright.

The spaces between the rods and between the pins on the rods are arranged to accommodate the size of the formula card in use in the Children's Hospital. When a given formula is discontinued that card is destroyed and another may take its place. The height of the rack is calculated to bring the cards approximately to the level of the eyes of the nurse of average height.

Back of this table is a six-burner gas



(Illustration 3) FORMULA ROOM



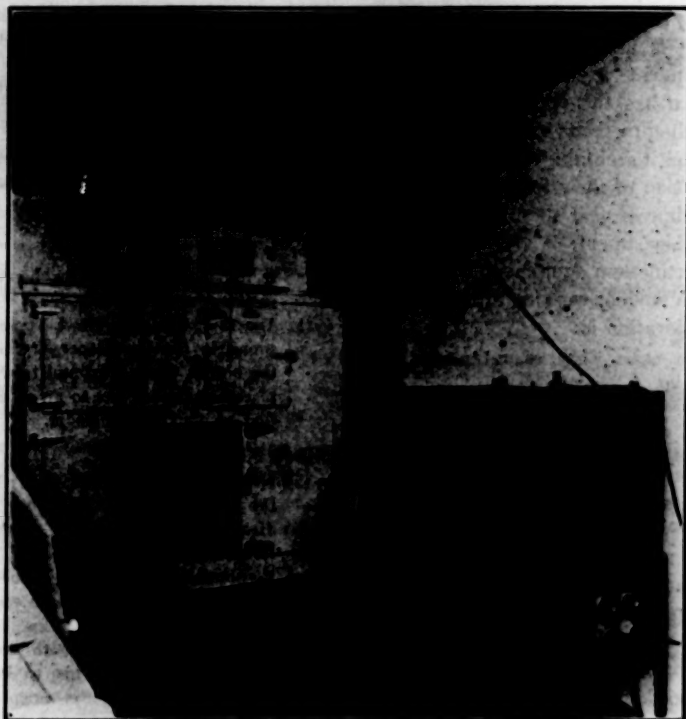
(Illustration 4) FORMULA RACK

stove mounted on angle iron legs. Over the stove is hung a white enameled clock. Next to the stove is a table with a white "Porce-enamel" top, and next to the table is a stationary wash stand so situated that the nurses may wash their hands frequently without loss of time or effort. A second "Porce-enamel" topped table is placed just outside the door to the supply room and facing the large work table is a white enameled steel cabinet with plate glass doors and shelves. This contains white enamel jars for the proprietary powders and flours used in formula preparation.

In the supply room (Ill. 5) are first an electric refrigerator specially constructed to meet the needs of the department. The box is of hard white enamel exterior finish, with opal glass lining and with a vitreous tile floor set in cement. In addition to the compart-

ment for the cooling coils there are four compartments for supplies separated one from the other by means of wire partitions and shelves. Two of the compartments have doors at the rear of the refrigerator as well as in front. Opening the door from the corridor to the supply room and then the doors at the rear of the refrigerator facing the corridor, enables the milk man to place the bottles of milk he is delivering without delay in the compartment in which they belong and without going into the laboratory. It also enables the night nurse to secure the feedings for the night from their special compartment without going into the laboratory. The rules of the department forbid admission, without special permission, to those not on duty therein.

The incubator is similar to those in use in pathological laboratories and the



(Illustration 5) REFRIGERATOR, INCUBATOR, FIRELESS COOKER

shelves are so placed as to permit the admission of three litre Erlenmeyer flasks. The fireless cooker has five small containers of one quart capacity each, so that from one to five varieties of mixtures may be prepared simultaneously. The cupboard contains supplies and equipment for the department.

A graduate nurse is in charge and from four to six students are detailed to the department. The students of the Children's Hospital receive a minimum of one month's experience each, and the affiliate students receive two weeks' experience each. Postgraduate nurses and student dietitians are assigned only for observation.

The students from the laboratory are required to take the feedings when due to the wards. There the feedings are warmed to the desired temperature, the sterile nipples are placed on the bottles by the milk laboratory nurses who then help the ward nurses hold the bottles for the babies. This consumes a liberal amount of the time of the milk laboratory students, but it gives them the opportunity to relate the feedings they have made to the patients, and to study their effect upon the patients.

The hospital has a staff of three pediatricians with their respective clinical assistants. These men are on duty all the year around instead of having

rotating services. An equal number of patients is assigned to each of them. The student in the milk laboratory therefore has the opportunity to learn the feeding methods used by all of these men and to obtain experience in the preparation of their formulae regardless of the time of year she may be assigned to the department.

The minimum equipment for the tray for each student working at milk formulae preparation is:

• A two quart white enamel pitcher with pouring lip.

Two quart basin, white enamel.

Sieves, coarse mesh and fine mesh.

Graduate, white enamel.

Dipper.

Table spoon.

Wooden spoon.

The general equipment consists of ten quart white enamel buckets, additional pitchers, basins, graduates, aluminum sauce pans and double boilers of varying sizes, paring knives, etc.

The racks used to hold and carry the bottles are made of heavy wire and accommodate twenty-one bottles each. All milk used is bottled milk either pasteurized or certified. Pasteurized milk is used when making preparations for those babies who are given other than strictly milk preparations; certified milk for those patients who are given the milk preparations exclusively, with the exception of orange juice.

On any given day the duties of the students, with modifications to meet emergencies as they arise, will be found to be about as follows:

Nurse No. 1

- (a) Supervises and helps in the pouring of the milk from the bottles into buckets from which it is taken for the formulae preparation.

- (b) Sets up the work table, work trays and equipment at one end, bottles to receive the prepared formulae at the other end. (The bottles have been racked and numbered in order the afternoon before.)
- (c) Makes out chart of all formulae to be prepared and from which they may be checked as completed.
- (d) Helps with the milk formulae preparation.
- (e) Is responsible for marking bottles with patients' numbers.
- (f) Together with the Head Nurse is responsible for the proper "racking" of the bottles when filled and ready to be placed in the ice box to await distribution at the feeding hours.

Nurse No. 2

- (a) Helps to pour the milk from the bottles to the buckets.
- (b) Helps in the preparation of the milk formulae.
- (c) Responsible for the cleanliness and order of the ice box and the work table.
- (d) Helps distribute bottles to wards at feeding hours and helps to hold the bottles.

Nurse No. 3

- (a) Helps to pour the milk from the bottles to the buckets.
- (b) Helps in the preparation of the milk formulae.
- (c) Responsible for the dusting and order of the formulae room.
- (d) Helps distribute bottles to wards at feeding hours and helps to hold the bottles.

Nurse No. 4

- (a) Responsible for the washing and the boiling of the nipples.
- (b) Secures required vegetables and meat from general store room.
- (c) Prepares vegetable and meat formulae.
- (d) Helps distribute bottles to wards at feeding time and helps hold the bottles.

Nurse No. 5

- (a) Responsible for the sterilisation of bottles and utensils.

- (b) Prepares the orange juice and helps prepare vegetable and meat formulae.
- (c) Helps distribute bottles to wards at feeding time and helps hold the bottles.

A sixth student may be added to the staff occasionally at which times she assumes certain of the duties regularly assigned to the others. There is also a maid who washes the bottles and the utensils and cares for the floors. In addition to her two weeks' practice work in the laboratory each affiliate student is required to attend five lessons on infant feeding, briefly outlined as follows:

Five demonstrations (8½ hours)—
1 (1½ hour) period; 3 (2 hour periods);
1 (1 hour) period.

Lesson 1—The Milk Laboratory (1½ hours).

Purpose.

Equipment: Ledge demonstration and discussion.

Utensils used for feeding babies. Ledge demonstration.

Assigned reference reading. Causes of refusal to nurse; How to induce babies to take food; Rules for feeding babies.

Lesson 2—The Preparation of Formulae. (2 hours.)

Technic for.

Preparation: A simple milk formula and
Discussion of: Sour milks; butter milk;
buttermilk mixture; acidophilus milk;
Lactic Acid milk.

Lesson 3—The Preparation of Formulae. (2 hours.)

Used in diarrhoea: Barley gruel, barley water, flour ball.

Used in constipation: Butter flour mixture, malt soup.

Lesson 4—The Preparation of Formulae. (2 hours.)

Used as a tissue builder: Keksmehl.

Chart demonstration and discussion: Pasteurized milk, certified milk.

Expression of mother's milk.

Lesson 5—Calculation of Formulae for Well Babies (1 hour).

Calculation of Caloric Values.

Almost without exception the students express themselves as being most keenly interested in the work of this department, their one disappointment being the fact that it is not possible to prolong their service there.

INTERNATIONAL ASPECTS OF NURSING¹

By BARONESS SOPHIE MANNERHEIM

COMING as I do from one International gathering, that of the General Council of The League of Red Cross Societies, and having the pleasure of attending this wonderful meeting of women from all parts of the world, I feel Internationalism to be, so to say,

in the air which the people of the present day are breathing, one of the real attainments to which we have arrived, and it seems incredible that twenty-five years ago the word international could come as a revelation opening up new vistas to a few whose mission it became to make the rest of the groups of workers, of thinkers, of strivers, see its greatness.

So it was in the case of nursing, and

¹ Read at a conference of the International Council of Women at the British Empire Exhibition, May 5, 1924. Published also in the Bulletin of the International Council of Nurses.

it is with great reverence and admiration that I recall the names of those pioneers of the International movement in nursing: Mrs. Hampton Robb from America; Dr. Anna Hamilton from France; Schwester Agnes Karll from Germany, and last but not least, the English member of the group, Mrs. Bedford Fenwick, whose inspiring influence, brilliant gifts and eminent talent of leadership made her the head of the organization started in 1899 in London under the name of "The International Council of Nurses," and which had its first big meeting in Buffalo.

It was an inspiration, this thought of the representatives of the nursing profession meeting from all parts of the world to discuss the work which is theirs and the professional problems confronting them. It stood like a beacon, attracting the eyes for which it was meant, those of the nurses of the world, and drawing them together to some wonderful meetings. Let me here tell you of my first experience of such a meeting, that of 1907 in Paris, and let me do it as subjectively as it comes to my mind. I had been, as I think we nurses all do, working hard, thinking of my patients, of my hospital, and of the small round of problems confronting me. This was my world; not a very large one, but to me, absorbing, and I was getting into the way—characteristic of many nurses—of absorbing myself in my work with eyes stiffly fixed on what was in hand, and never looking round the corner. I did not even know there was danger in such absorption, when suddenly one day I heard or read the words—"The International Council of Nurses is going to meet"! That set me thinking. "What is this?" I said to myself. "Is there

a special kind of nurse called "International," or do we all,—do I myself—belong to this group?" A thought thrilling me to my very soul. I had to find out and decided to go to Paris, where the Congress was to be, to do so. I will never forget this first meeting with the international spirit which is now so familiar to us all, the wonderful feeling of being among friends, the everlasting joy of being able to "talk shop" without tiring your audience, and the revelation suddenly dawning upon you that your own poor little problems were the problems of your sisters all over the world, and that, borne together, they would hereafter feel lighter, that you would get help from all the hands you had touched, from the words you had heard, that you could go home but you would no more be alone in your work, you were a changed being, your soul had lifted its wings for the first time, and seen the sun of universal sisterhood. I can recall this meeting as though it had taken place yesterday; Mrs. Bedford Fenwick in the Chair, Miss Isla Stewart with her warm heart and quick wit, Mrs. Hampton Robb, the big woman with a voice like the music of her beautiful soul, Miss Nutting, and our wonderful little secretary, Miss Dock, who was first "Votes for Women," and then last, but not least, a nurse. And the audience—the keen faces, the bright eyes of those women, many of whom wore the uniforms of the profession in their respective countries. It was a sight and an impression never to be forgotten.

This meeting in Paris was followed in 1909 by one in London. Then in 1912 there was another gathering in Cologne, in which Russian policy of that time prevented Finland taking part as a country,

and then came the great catastrophe, doing away while it lasted with most of the ideas of internationalism. And yet the idea survived. Like the soldiers buried in the ground, who at last after years of life that was not life, could come out of their trenches and see the light of the sun and the green earth again, the seed which once had been sown and then checked in its growth and obliged to keep low, lifted its head and began to unfold, even if very feebly at first. The first meeting of the Executive of our Council after the war, that of 1920 in Atlanta, Georgia, counted two representatives from Europe, the one from Denmark and the one from Finland, which beside those from Canada and the United States, formed the whole gathering, and yet it was felt that the idea could not be allowed to die. We, who were made for that office, would have to nurse our poor stricken child back to life again, even if the terrible illness caused by the war lasted longer than we could foresee. And I am glad to say that the next meeting took place in 1922 in Copenhagen, and that now we are all united again and ready to cope with the new problems confronting the International Council of Nurses.

Up until now, we have been working for the best of our profession to the best of our abilities. We have been accepting as members of our circle all the countries of the world, where the nurses had organized on a professional basis, and we have been helping them to stand firm for the solution, in the way that we considered to be right, of the questions confronting every organization of this kind. Now it seems as if this was not enough, as if new vistas were open-

ing before us, a larger scope offering itself to our activity.

Nations where nursing was unknown have suddenly, by the war, come to the realization of their shortcomings. They want nurses. They want the right education for those nurses. They want them to be as effective and as professional as the nurses of the old long-ago organized countries. Those nations turned to the sign in the sky, the sign that had been a token of help during the great disaster, to the Red Cross, and the Red Cross did all in its might to help them. The American Red Cross gave money and organized schools of nursing of the highest order, put in charge of American nurses, who, working in the beautiful spirit characterizing their nation, stayed on only until the native women were found capable of undertaking the work. The Nursing Division of the League of Red Cross Societies in Paris also did most excellent work in giving assistance in many ways, by advice, by money, by visits of members of its staff, and by giving education in institutions with high and old traditions to people from those new countries who were to become the leaders of the new movement in their respective lands. It is to this end that the League of Red Cross Societies has instituted the course at Bedford College in Public Health Nursing for International Students, a course which is giving the best possible results, and beside that, it has sent fully trained and capable nurses to start schools in countries where the demands for such schools were pressing, until such time as there should be a woman of the country trained and ready to overtake the work.

Through the courtesy of the League of Red Cross Societies I have been put

in a position to see by myself part of the work done by its Nursing Division, and I must say that never have I realized as now the wonderful help the older and more experienced country can be to the younger one, the great need for help and advice existing and eagerly sought, and the truth of the old saying "noblesse oblige."

We, the older countries with organized systems of education, with nurses organized on a professional basis, had everything. We were meant to give our experience, all we had attained, to the countries that were so eagerly calling for it in the difficulties of their organizing. And I am glad to say that through the Red Cross they are getting this information and that the Red Cross is gathering it from the countries where the best is attained in nursing, and the nurses of the world are helping it in its endeavors to give assistance and support to the nursing coming into existence. It was strongly felt that, to secure experienced advice, the Red Cross ought to confer with representatives of the profession, and to that end, an Advisory Board of Nurses, composed of six professional experts, was this year nominated by the League of Red Cross

Societies in Paris, and has for the first time given its recommendations as to the nursing policies of the League.

So to resume this very brief outline of international aspects in nursing, there is at present existent the International Council of Nurses, which is the professional union of all nursing organizations founded on a professional basis. There is the work being done for the betterment of Nursing Education and organization in countries where those things were unknown. Much of this work is done by the League of Red Cross Societies and the National Red Cross organizations.

There are for the education of International Students for leadership in their own countries in Public Health Nursing and in Administration and Teaching in Schools of Nursing, two courses in London connected with Bedford College for Women, and lastly, there is the Advisory Board of Nursing of the League of Red Cross Societies in Paris, whose duty must be to coordinate and direct the work done so that it is pointing toward the same goal, the prevention and relief of suffering through a nursing profession well equipped for this attainment and with the highest professional ideals.

MISS WALKER HONORED

France has paid her tribute of honor to the profession of the Public Health Nurse in decorating Evelyn T. Walker, Directress of the *Association d'Hygiène Sociale de l'Aisne*, with the Cross of Chevalier of the Legion of Honor. The impressive ceremony of investiture took place at the Fete given by the American Committee for Devastated France in the picturesque grounds of the ancient Chateau of Bierancourt, which was the first home of the Committee and the scene of many tragic and pitiful episodes of the war. The dire need which then existed is now over and the war-torn ruin has been converted by the Committee into an elegant garden, which, in company with the other permanent organizations which have grown out of its work, is now transferred to the ownership of the French people.

In accepting this legacy the appreciation of France was gracefully expressed by the bestowal of the Cross of Officer of the Legion of Honor on Anne Morgan, founder of the Committee and on Mrs. Murray Dike, its president, while the Cross of Chevalier of the Legion was bestowed on Miss Scarborough, who has been untiring in her services as Secretary to the Committee, on Miss Perkins and Miss Walker.

HEADQUARTERS OHIO STATE ASSOCIATION OF GRADUATE NURSES

BY ELIZABETH A. AUGUST, R.N.



HEADQUARTERS OHIO STATE ASSOCIATION OF GRADUATE NURSES
Mrs. Elisabeth A. August, General Secretary

THE idea of a General Secretary and Central Office for the State Association of Graduate Nurses was formulated in the minds of the Trustees of the Association in 1918, some time after the officers of the American Nurses' Association suggested the reorganization plan for all states. It was decided to make the Headquarters a place where all information regarding nursing activities would be available for anyone desiring such information and to make it a clearing house for all material relative to any problem that might be presented,

to assemble as well as to distribute material that would be of interest to all nurses, such as reports, surveys, etc. Therefore, they proceeded to employ a woman who was acquainted with the work of the State and National Associations.

The following give some idea of the activities of the General Secretary:

Divided the state into districts so that it could function according to the needs of the different groups of nurses.

Assists Alumnae, District and State Associations to establish uniform Constitution and By-laws.

Assists student recruiting campaigns.
Solicits *American Journal of Nursing* subscriptions.
Helps in legislative work.
Distributes information concerning Florence Nightingale Scholarship Fund.
Made a survey of the state to ascertain the supply of nurses. (This included registered and non-registered nurses and attendants.)
Carries on membership campaigns.
Assists in conventions and institutes and committee work.
Attends meetings of the districts and keeps

the nurses informed of state and national policies.

Collects all data pertaining to nursing activities and sees that it is properly filed.

We are establishing a library that will be of value to those who are looking for information from printed publications.

The Central Office has been equipped with office desk, steel files, maps, book-case, etc. It is now established and after a period of four years has become permanent and, we hope, will be continued to be used to the fullest extent.

THE RELATION OF THE PRIVATE DUTY NURSE TO THE DIRECTORY¹

BY HELEN W. KELLY, R.N.

THE relation of the private duty nurse to the directory is that of an equal partner in a business established by mutual consent for the benefit of the public. A directory exists, primarily, for the purpose of supplying a demand, consequently it must be considered a strictly business enterprise, and conducted on strictly business principles, even though its ends and aims be purely altruistic. Nurses sometimes assume the attitude of placing all responsibility for the conduct of the directory on the registrar and her staff, failing to grasp the fact that there is a division of responsibility between the organization which formulates and publishes the policies of the directory; the office staff which executes these policies; and the nurses in the field, who interpret them to the public in terms

of skilled service, and professional behavior.

Any organization which conducts a registry for nurses, carries a manifold responsibility. Its publicity propaganda must be unceasing; its offices and equipment must be modern and adequate; its staff must have the professional and business experience which makes for swift and smooth functioning, and must be large enough to obviate the possibility of overwork which would destroy the sense of proper values; loyal support must be given to both registrar and registrant in all their activities; an unprejudiced hearing must be given all complaints and criticisms; and every effort put forth to make of the directory a harmoniously functioning instrument for the promotion of health in the community. Failure to meet any of these requirements raises the question of the right of the organization to conduct a registry.

¹ Read at meeting of Wisconsin Association of Graduate Nurses, La Crosse, September, 1923.

Upon the office staff devolves the responsibility of executing, as efficiently and as expeditiously as possible, the policies formulated by the controlling organization; of assisting in disseminating information as to the functions and scope of the registry; of giving prompt response to all appeals for assistance or information; of sending out nurses without loss of time; and of endeavoring to be of some service whenever appealed to, even though unable to furnish just the type of assistance desired. If, for example, the call is for a practical nurse when the directory registers only graduates, an attempt should be made to put the applicant in touch with the agency that will meet his need.

When a nurse sent out by the directory fails to give, or receive, satisfaction, the complaint (often largely a matter of temperament), must be heard patiently and without bias, and the complainant prevailed upon to submit the matter in writing, for action by the Registry Committee, as the registrar should not be expected to pass judgment in such cases. Sometimes it is necessary, in an emergency, for the registrar to give an opinion, but unless a precedent exists she should be careful to say that the opinion expressed is personal *not* official; this does not commit the Directory, and leaves the matter open for action by the committee. When a complaint comes from a nurse involving the Directory, a patient, a hospital, or a physician, the same effort should be made to have the facts presented in proper form to the registry committee, which should give loyal support to the nurse in all reasonable complaints, and endeavor to help her see the light when her criticisms lack foundation.

Physicians and hospital executives have the right to expect prompt and efficient service from the directory, and should in turn give their loyal support to the nurses who are sent out from it. The nurse on "special" duty in the hospital has a right to a certain amount of consideration for her health and comfort, and at least an effort to have her compensated for her services when the patient and his family are slow to meet this obligation.

Many hospitals still cling to their private directories, but more and more they are coming to see that central directories conducted by nurses save time and energy, and make for a broader experience for the nurses, which in turn will make for a better type of service.

While the Registry Committee, and the office staff can do much to further the standing of the Directory in the community, their influence in no way approximates that of the nurse who makes the actual contacts with the families in their homes, for by her interpretation of its aims and ideals, the Directory must stand or fall.

The nurse who avails herself of the advantages afforded by the Directory tacitly accepts the obligation of giving loyal support to its policies and of faithfully interpreting its ideals. Nurses sometimes fail to realize this responsibility, and see themselves only in relation to their individual patients. This of necessity, makes for a limited horizon, and retards progress toward that professional standing to which we aspire. In this connection, it would seem that some nurses are in the position of wanting to "eat their cake and have it," as they would like the attributes and

honors of a profession, with the privileges of a trade union.

While every Directory has its own code of ethics, and order of procedure, there are certain fundamentals that are applicable to all, and it may be well to mention a few of them. For example: a nurse has the right to register against certain types of cases, and to know that she will not be called to care for such cases except in emergency, when the dictates of humanity will prompt her to put aside her personal feelings, and respond to the need. Aside from these cases against which she registers, a nurse should be ready and willing to accept whatever is offered, not only as a matter of professional ethics, but because she has entered into an agreement with the Directory, and failure to meet her obligations, betrays an ignorance of ordinary business principles. Most of the criticism of nurses' directories as at present conducted, is due to the failure of many nurses to live up to this fundamental business obligation. They will make excuses for refusing calls when no real reason exists, and as these excuses usually have their origin in selfishness, they are apt to shake the confidence of the registrar in that particular nurse, and raise the question of her dependability when grave situations arise.

Another trial to the registrar is the nurse who registers for duty before she is ready, and when called, replies that she has "an appointment with the dentist," or she has "just washed her hair," or her "uniforms are all at the laundry." Again she will register for duty, and calmly sally forth and spend the day with a friend, go to a matinee, go shopping, or even accept a call from

another source, without notifying the registry. Nurses are probably no less businesslike than other women, but more is expected of us, as we are dealing with problems of life and death, and each of us holds in her hands the reputation of a profession. The best possible service to the public, the service for which the directory exists, means a speedy relaying of each call to the next nurse on the list, and a realization on her part of her professional and business obligation to make a prompt response.

In order to obtain an unbiased view of the relation of the nurse to the directory, experiences were compared with the registrar of a large city directory, registering about one thousand nurses, and with a nurse who conducted a small registry in a far southwestern town, and the conclusion arrived at was that the problems of the directory are not matters of geography, but of human nature. To quote the registrar of the large directory just mentioned²: "Nurses in general have a very vague idea of the duties and responsibilities of the registrar. Many consider the position a good one for some decrepit nurse. They think only of the calls received, and assigned to nurses, and know nothing of the many details that are a necessary part of a modern business office. It would be a good idea to invite some of them to spend a few hours in the office, on a busy morning, that they might get a better idea of the many responsibilities the registrar carries." Referring to the tendency on the part of nurses to criticize the registrar she says, speaking with the authority of many years' experience: "There are many opportunities for the nurses to misunderstand,

² Lucy Last Van Frank, Chicago.

and misinterpret the attitude of the registrar. She is usually too busy to visit over the telephone, and must of necessity complete each call as quickly as possible, consequently she may seem curt, when she is simply trying to dispose of the call with all possible dispatch, in order to hold another that may be coming in over another wire."

As in all human relations, misunderstandings are due to a lack of knowledge of the problems of the "other fellow," the only way to avoid unpleasantness is for each to strive for a fair, open-minded insight into the aims, problems, and methods, of the other. If the registrar has done private duty, and usually she has, she knows the problems of the nurse. She knows all about the weariness, the disappointments, the lack of appreciation, the everlasting giving of oneself for others, the need for inspiration, even the failure of financial return for service given, that are the lot of the private duty nurse. She also knows the thrill, the sense of exaltation, that comes to the nurse who through these very sacrifices, is instrumental in bringing back a fellow being from the "Valley of the Shadow," and restoring him to a life of usefulness. She has climbed the heights with the young couple in the

first ecstatic flush of parenthood, and she has gone into the depths with the widow and the orphan. If she does not know these things from personal experience, there is grave doubt as to her fitness for her "job." And yet, with all of this background she will not escape criticism, for the scapegoat continues to be a necessity, even in this day of efficiency experts and psychoanalysts. Fortunately the critics are in the minority, the great army of private duty nurses being made up chiefly of women who cheerfully face their responsibilities, and are prepared to take what comes so long as it offers an opportunity for service; who recognize the value of their work in relation to the great health movement of the day; who realize that a nurse does not live unto herself alone, but is one of a long line of descent; that she must be true to the women who have gone before, and have left to her a sacred heritage which she in turn must one day pass on to those who come after. They give thought to their obligation of adding to this treasured possession, and of passing it on a little greater and brighter than when they received it. True to the Past and the Future, they cannot go far astray in the Present.

THE MODERN HOSPITAL'S PRIZE ESSAY COMPETITION

Dr. Haven Emerson, Dr. Michael M. Davis, Jr., of New York, and Dr. Willard C. Rappleye of New Haven, Conn., have been named as members of the committee of award of The Modern Hospital's prize essay competition on "The Interrelationships of Hospital and Community."

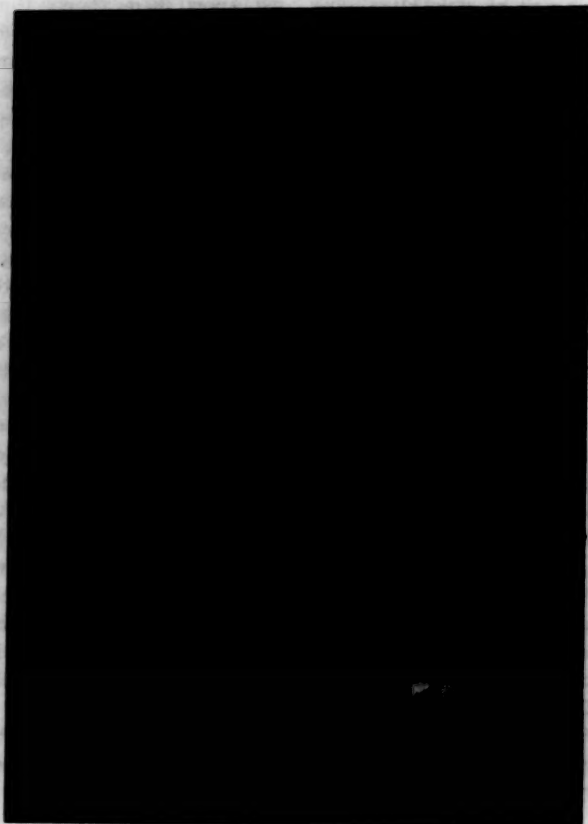
Dr. Haven Emerson is professor of public health and preventable diseases at Columbia University, New York. Dr. Michael M. Davis, Jr., is executive secretary of the Committee on Dispensary Development of the United Hospital Fund of New York. Dr. Willard C. Rappleye is superintendent of New Haven Hospital, New Haven, Conn., and professor of hospital administration in the Yale University school of medicine.

This committee will meet, probably in New York, to consider the essays submitted, following the formal closing of the contest on November 1, 1924.

Registrations for the competition will be received at the Chicago office of the The Modern Hospital up to September 15.

Further information may be obtained by addressing The Contest Editor, The Modern Hospital, 22 East Ontario Street, Chicago, Ill.

WHO'S WHO IN THE NURSING WORLD



XXXVIII. LUCY MINNIGERODE

BIRTHPLACE: Virginia. **PARENTAGE:** American (Virginia). **PRELIMINARY EDUCATION:** Private schools (Equivalent to high school). **PROFESSIONAL EDUCATION:** Graduate of Bellevue Training School, New York City. **POSITIONS HELD:** Superintendent of Nurses, Episcopal Eye, Ear Hospital, Washington, D. C., Superintendent of Nurses, Savannah Hospital, Savannah, Ga., Superintendent of Nurses, Columbia Hospital, Washington, D. C., Super-

visor Unit C., American Red Cross Mercy Ship 1914, 1915 (Recommended for Russian Cross of St. Anne, gold). On duty in American Red Cross Department of Nursing 1917, 1918. Influenza Hospital, Washington, D. C., 1918. 1918 Organized Nursing Service of United States Public Health Service. **PRESENT POSITION:** Superintendent of Nurses, United States Public Health Service. Author of various papers on nursing work of United States Public Health Service.

EDITORIALS

SOME OBJECTIVES FOR STATE ASSOCIATIONS

NOW is the time of good resolutions upon us! Vacation time is over. Schools are counting beds to be sure they really can accommodate the new classes, and are busily preparing class schedules; private duty nurses are "registering in," and alumnae, district and state associations are planning their first fall meetings. Everywhere there is the shouldering anew of responsibility, the zestful and optimistic attack on problems that require to be solved this year and in the years to come.

State associations will find real meat in the President's address published in the supplement to the August *Journal* and in the address by Miss Fox in the current issue of the *Public Health Nurse*. The Advisory Council meetings at Detroit were replete with suggestions that will be taken back by each state president to her own association.

A central office for each state association is a worthy ambition. The precedent established by Oregon and Ohio is already being followed in a number of other states. It is surprising how many activities can be grouped when a place has been found in which to center them. They take on dignity, too, when they are well organized and can be visualized in terms of files and records.

The preparation of histories of state activities has been undertaken in a few states as a matter of pride in accomplishment and as a basis for further effort. Miss Wyche, of North Carolina, is writing the history of the state that first obtained a nurse practice act.

Missouri has engaged an experienced writer to tell the story of her activities. Texas has appointed an historian.

Brief histories of the North Carolina, Virginia and Ohio Associations were read at their last meetings. They make inspiring reading. Virginia has done much for her own members by establishing an Insurance Fund and in building a cottage for nurses with tuberculosis. But not being merely a philanthropic organization they have under way, as we announced months ago, a splendid plan for endowing a Chair of Nursing in order that Virginia may provide the higher education some of her nurses want and need. The plan is already so well launched through the performances of the beautiful masque "Signal Fires"¹ and Virginia nurses have so ably demonstrated their ability to raise funds, that we predict it will not be many years before their history will record the realization of this lofty ambition.

To Ohio, we believe, belongs the distinction of establishing the first state headquarters and of first employing a full time state secretary. The account of Ohio activities in this issue is almost too modestly concise to give an accurate picture of accomplishments.

When the history of the Texas Association is written, we believe it will be recorded that the district associations "played up" to the State by matching the pledge made at the last meeting for \$1,000 to be used as a loan fund for Texas nurses wishing to prepare themselves to teach. This seems a genuinely

¹ Signal Fires. By Louise Burleigh, 106 N. Plum St., Richmond, Va.

constructive method of meeting the serious shortage of instructors.

A thought that has come from several states, including Connecticut, although noted in the history of only one, is that of giving alumnae associations some opportunity for self-expression at state meetings. An alumnae luncheon at which such reports were given proved successful in Virginia, why not elsewhere? There is the source of our strength,—in the alumnae associations and the individuals composing them, a fact we would do well to keep constantly in mind.

These are only a few of the objectives that might be put before our state associations this year. It is difficult to refrain from reminding them all that the care and instruction of patients is the warp upon which our professional pattern is woven. A little healthy rivalry between states on the subject of actual nursing care of patients might fairly galvanize some of our associations. Who knows what state is really best nursed? It is an arresting thought! It is worthy of attention by every state association and, we repeat, this—and not January first—is really the time for good resolutions!

TWO MORE NURSING SCHOOLS IN UNIVERSITIES

THE hue and cry about super nurses is vastly entertaining. Those who have raised the cry of "Wolf, Wolf" seem so utterly unaware of the fact that we always have had and, praise be, always will have super nurses, nurses whose intellectual hunger has never been satisfied and whose generosity of spirit has never been measured, though they may never have received university

degrees. Patients presumably would still be Sairy Gamped had it not been for Miss Nightingale and those of her followers who were super nurses. One definition of a super nurse is: a nurse who is constantly reaching out for more knowledge in order that she may have more to give those who look to her for wise counsel and tender care. Such a nurse uses her knowledge and her skill as unostentatiously and as graciously as a gentlewoman, (expressive word!), uses manners; because she is a gentlewoman in spirit even though her blood may not be blue according to the old standards of aristocracy.

There are few things more offensive than snobbery. This is particularly true of intellectual snobbery. We can not believe that our profession is in great danger of this because our goal is so very far beyond our present achievement. It is perhaps well, however, to face the fact that those who talk most blatantly of super nurses may possibly have been exposed to the intellectual and professional snobbery of nurses who have been fortunate in having unusual opportunities. A little high thinking and vigorous action at this time may easily convert what threatens to become a term of opprobrium to one of honor. Because life and much observation have taught us that no nurse can possibly know too much provided she really learns how best to use her knowledge, and this only is true education, we call attention to the brief outline of the plans of organization given elsewhere of the schools connected with Washington University and with Wisconsin University, the most recent additions to that group of schools that are endeavoring to further the preparation of nurses.

GOOD NURSING

IT was a gray day within and without! The skies were lowering! The job was exigent. Outside professional interests were demanding attention that it seemed utterly impossible to give but which yet could not be ignored. When life seemed to be pressing unendurably from all sides, like a flash of sunlight through massy clouds came the casually uttered sentence that turned the day from gray to gold.

It was over the luncheon table and the director of a public health nursing organization was discussing *esprit de corps*. Nursing being what it is, it is not conceivable her organization has been wholly free from vexatious problems, but the sentence that changed the day, that revived drooping spirits, that squared shoulders that they might adjust anew to the burdens, that made all again seem right with the world was this: "Only once in five years has any nurse told me that she could not do an assigned task!" What a tribute to that staff! What an unconscious expression of her own genius for leadership. Most of all what a tribute to the profession that produced those women. As the theme was elaborated, we were told that every nurse had been chosen because she had somehow caught the vision of what good nursing, and especially good public health nursing, really means.

"WELL DONE"

WITHIN the last few months two nurses who have given distinguished service have retired. It has been good to know that they are receiving their roses "while they can smell them" and the roses of appreciation have been heaped upon them in abundance. We

refer of course to Mrs. C. E. Bath and to Mary L. Keith.

Mrs. Bath has graduated upwards of six hundred nurses, more than half the number who have gone out from the fine old school of St. Luke's Hospital in New York; and the quality of their nursing is the measure of her success. Mrs. Bath, the woman, has not chosen to be very well known. Mrs. Bath, a force for uprightness, honor, and skilled nursing, is felt wherever any of the far flung line of St. Luke's nurses may be found.

Mary L. Keith, long recognized as one of the most brilliant women in hospital administration, after twenty-three years of varied and conspicuously fine service, leaves the Rochester General Hospital trebled in size and rendering community service of a high order.

The gifts, the expressions of esteem, the careful selection of worthy successors, are the roses which should express to these women the measure of genuine appreciation which is theirs. Retirement to them does not mean oblivion. There will shortly be found well trodden paths to the doors of these nurses who have mellowed by experience and are of seasoned judgment. The younger generation is reputed to dislike advice but it values opinion. Miss Keith and Mrs. Bath will continue to make a professional contribution because of the worth of the reasoned opinions for which they will be sought.

PIONEERS

THE days of pioneers are not over. Pioneers of the steam age? Yes! Of the plains? Yes! Of the air? Not yet! In nursing? No, for ours is a young profession and has still far to go.

Each school of nursing connected with a university does its own pioneering. Each must find the way in its particular situation in which it can best function. Of them all, the School of Nursing of the University of Minnesota most truly blazed a trail. Louise M. Powell, the modest genius of that school, found a little group of eight students when she went to Minnesota in 1910. She leaves a school, an integral part of the university, which has almost three hundred regular affiliating students who are doing the major portion of the nursing in the four hospitals whose schools have been combined through her leadership to form the first true central training school of nursing. With this remarkable and well rounded piece of work behind her, and with Marion Vannier, who has long been associated with her, to carry on, it is fitting that Miss Powell should move on to the independent and endowed school of nursing in Western Reserve University where secure foundations have been laid during three years of arduous work, by another able pioneer, Carolyn E. Gray.

Laura R. Logan, yet another courageous woman endowed with the true pioneering spirit, leaves the School of Nursing and Health of the University of Cincinnati after ten years of zealous and fruitful effort, for it is due to Miss Logan's initiative and farsightedness that a municipal school of nursing was made an integral part of a municipal university, an achievement that we believe is still unique in the annals of nursing. Miss Logan succeeds Mary C. Wheeler as director of the Illinois Training School. Miss Wheeler, having expended herself too generously, perhaps, in the school and in mighty Cook

County Hospital, is seeking rest and relaxation in Europe.

Another pioneer, although in a vastly different field, who has rounded out a conspicuous service and resigned her position is Sally Lucas Jean. Miss Jean's influence on the health education movement, through the Child Health Organization and the American Child Health Association, has been an important one. In conferring the honorary degree of Master of Arts on Miss Jean, Bates College has given her well merited distinction.

In an unstable age we should deplore such an amount of shifting about in important posts were we not convinced that the same quality of rigorous thinking that has held these women steadfast through many discouragements has undoubtedly entered into their decisions.

A CHANGE IN THE JOURNAL VOLUME

THE *Journal* has a gratifyingly large library circulation. These libraries and schools of nursing, in rapidly increasing numbers, are binding the magazine in order to make the great mass of valuable reference material it contains conveniently available for readers, instructors, and students. The first number of the *Journal* appeared in October, twenty-four fruitful years ago, and each successive volume has closed with the September issue.

Since most people think in terms of the calendar year, it has been decided to close the current volume in December, thus making it possible to begin the new volume and all succeeding volumes with the January number. Volume XXIV will, therefore, contain fifteen issues. It will make a bulky book when bound but we believe the time

saved by those who refer to the *Journal* in the future will more than compensate for present inconvenience. The index usually published at the time of the September issue will not appear until December.

NATIONAL DEFENSE AND RED CROSS NURSES

WHEN it became impossible for our country to longer remain out of the great war much new administrative machinery had to be set up in Washington to meet the terrific strain upon the resources of America. Because of the far reaching vision of Jane A. Delano, the organization of the Red Cross Nursing Service needed expansion only to meet the tremendous demands upon it and but little other change was required. The nursing service was actually ready! All the world knows how the American Red Cross Nursing Service functioned during that dreadful time.

Every nurse hates the wreckage and horror of war but nurses are conspicuously endowed with that passion for country which we call patriotism. Because of this, some forty thousand nurses now enrolled in the Red Cross Nursing Service, although hating war and many of them actively working for peace, are subject to the call of this country in time of need. While we pray that war may not come, as loyal Red Cross nurses and as members of a highly efficient service, we are asked to report our whereabouts on September 12. It is a small thing to do. On the morning of that day, every Local Red Cross Nursing Committee should have a complete census of the nurses enrolled

under it. Every Red Cross nurse should have written, telephoned or telegraphed her whereabouts. Nothing but that is required. A census only is to be taken. No service will be exacted. We responded in our thousands in time of war. Let us maintain our reputation for efficient readiness in time of peace.

JOURNAL PRIZES

TWENTY papers were received in response to the *Journal's* offer of prizes for articles on the subject "Nursing Small Hospitals." The small number of papers submitted was a very great disappointment to the committee responsible for the awards. No more serious problem confronts the profession today than that of providing good nursing service for small hospitals. It is a subject worthy of much study and careful consideration of many factors such as locality, the type of service required by the community served by the hospital, the influence of the hospital as a health center, and of justice to those who perform the service.

The papers have been most thoughtfully graded as to construction, content and spirit. The prizes go to Susan C. Francis, Children's Hospital, Philadelphia; Irene Jordan, Red Wing Hospital, Red Wing, Minnesota, and to Lillian C. McAdam, Glenwood Springs, Colorado. The editors had planned to publish the paper winning the first prize in the October issue. As it happens that Miss Francis has contributed an original article to this issue we shall defer the publication of the prize winning article until a later date.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

BUDGETS FOR SCHOOLS OF NURSING¹

By ELIZABETH A. GREENER, R.N.

AT the meeting of the National League of Nursing Education at Swampscott, Massachusetts, last June, Prof. Charles F. Rittenhouse, of the Boston University, presented a paper on the principles underlying budget-keeping and urged the adoption of budgets in schools of nursing. Following the meeting a special committee was appointed by the Executive Board of the League to make a study of the subject in order to ascertain, if possible, to what extent the budget system is being followed in our schools and to develop some basic figures to be used in estimating the actual present cost of maintaining nursing departments. The committee consisted of: Lillian Clayton, Louise Powell, Amy Hilliard, Sally Johnson, Mary C. Wheeler, Helena McMillan, Ada McCleery, Mary Keith, Laura Logan (Ex. officio), E. A. Greener, chairman.

In preparing for the study, it was found that there was little available material having any bearing on the matter that could be considered helpful to our group. A budget form was prepared by the committee following closely the plan suggested by Prof. Rittenhouse and submitted to him for approval and for further suggestion. As a result, this committee, on May 12, sent out to eighty schools in all parts of the

country, a questionnaire, a blank budget form, and a form letter urging co-operation on the part of schools of nursing and hospitals by returning either their own annual statement of estimated income and expenditures or the submitted budget form, properly filled in with such figures.

The schools of nursing selected represented various types from the largest to the smallest; from the university school to the small school connected with the isolated community hospital. Replies were received from 52 of the 80 schools. In most cases the questionnaire only was answered, and the budget form ignored or returned. Twenty-eight schools made no reply. Only 6 schools returned budgets in such form that they could be used for this comparative study, although certain isolated figures from 8 other schools were used in the composite statement formulated by the committee. Several schools submitted their own annual statements or partial statements, but in most cases the superintendents of schools of nursing, and in several cases the heads of hospitals, wrote to say that it was impossible for them to separate the expense accounts of the hospital from those of the nursing school. The result of the questionnaire sent out was as follows:

Question 1. In the administration of your school of nursing do you prepare a budget of income and expenses? 8 schools replied "Yes"; 44 schools replied "No."

Question 2. If so, who is responsible for the

¹ Report of the Committee on Budgets of the National League of Nursing Education read at the annual meeting, June, 1924, in Detroit, Mich.

preparation of the budget? 4 schools replied "Superintendent of the Hospital;" 2 schools replied "Superintendent of Nurses;" 46 schools, no answer.

Question 3. Can you supply the committee with a copy of your budget showing a definite schedule of income and expense items? (20 estimates received in all) 6 schools returned complete budgets; 14 schools returned partially complete budgets.

Question 4. What method of bookkeeping is used in your school? 12 schools replied "double entry;" 40 schools, no answer.

Question 5. How frequently are statements of income and expense prepared? 8 schools replied "annually;" 2 schools replied "semi-annually;" 42 schools, no answer.

Question 6. Do these records show actual budget figures in comparative form? 49 schools, no answer; 3 schools replied "Yes."

Question 7. When does the fiscal year end? 35 schools replied "December 31;" 3 schools replied "March 31;" 12 schools, no answer.

Question 8. If a form budget for your school has never been prepared would you welcome assistance in placing your financial affairs upon a budget basis? 35 schools replied "Yes;" 6 schools replied "No;" 5 schools did not answer. 8 schools stated that their hospitals were considering the installation of a separate nursing school budget during the coming year.

Replying to the last question as to whether the school would welcome assistance in placing school affairs on a separate budget basis, one canny soul replied that before accepting assistance she would deem it wise to find out what might be involved by so doing. Another stated that she herself would have to have a much greater knowledge concerning budgets than she possessed at the present time before she would dare reply to such question.

As a result of these returns, it was ascertained that in many cases the hospital itself was not administered on the budget plan. In nearly every letter

received the fact was stressed that school accounts were so hopelessly involved with those of the hospital that any separate financial study was an utter impossibility. Many who attempted to use the budget form presented for their use by the committee gave it up as an impossibility when they found how much work would be involved in making such a study and how subject to question many of such figures might prove to be.

On the whole, however, there seems to be a general desire on the part of both hospital and nursing school authorities to establish a system which will enable them to determine the actual cost of the nursing department to the hospital.

As Prof. Rittenhouse carefully explained last year, budget making is simply financial planning based on a careful estimate of one's expected income as compared with one's intended or expected expenditures. It is the only method by which an actual comparison of expenses becomes possible and is the best possible method for the control of expenditures. An initial budget is always most difficult of preparation and should be reviewed and studied by an experienced finance committee. In most cases the development of an initial budget for a school of nursing would necessitate a study which should extend back over a number of years if it were to be accurate or definite. The adoption of the separate budget system would without doubt call for an increase in the hospital or nursing school clerical force.

A vital step in budget making is the accurate and appropriate placing of each item of expenditure. Even in this limited study with identically the same

budget form there was a great difference in the interpretation of various items by the different schools.

Because of the many difficulties which the committee found in connection with this study, it can only be termed an approach to budget making through a preliminary analysis of the expenditures of schools of nursing. Two questions naturally present themselves as one studies all the vexing problems in connection with such a plan; first, is it *possible* at this time to establish a system of cost accounting in the schools of nursing in this country; and second, is such a system *desirable*. So far as the hospital itself is concerned, these questions seem to be answered by Dr. Malcolm T. MacEachern, President of the American Hospital Association and Director of the Hospital Activities of the American College of Surgeons, who, in a recently published paper, states, "Budgets should be maintained for *all* departments, worked out on a definite business cost for service to be rendered and based on past experiences that are reliable for comparison." In further support of this argument attention is called to the fact that the American Hospital Association, realizing the timeliness and importance of this subject, recently appointed a special committee on budgets to report at their next annual meeting.

At the meeting of the American Hospital Association last year, Dr. Caroline Hedger pertinently asked, "How can health or conservation of nurses be considered or even discussed until we know what it costs to replace a student nurse when she is ill and what illness and resignations among student nurses cost the hospital."

The following figures presented by the committee regarding their findings are based on estimates furnished by six representative schools, one from California, one from Illinois, one from Massachusetts, and three from New York. Certain isolated figures which it has been possible to select and use from the financial statements presented by eight other schools have also been used. Almost without exception schools of nursing have no separate or independent funds and no income of any importance outside of the estimated earnings of student nurses. In a few instances a small amount is collected annually in the form of registration fees charged to students or from the sale of books, uniforms, instruments, etc., to students. Such articles, however, must be purchased by the school originally and are sold generally at cost. The matter of income, therefore, was not one which called for any particular study except as to the amount that should be charged to the hospital for the nursing service of students. This can better be determined at the end of our study than at the beginning. The total composite budget as developed by this committee will first be presented and then analyzed. The figures quoted are the per capita charges against each nurse per year.

Item 1. Relates to the physical maintenance of the buildings dealing with upkeep, repairs, and replacements.

Item 2. Deals with the physical operation of the nurses' home and allied buildings and covers the cost of light, heat, power, wages and supplies. It has been necessary to combine items 1 and 2 because of the different interpretations made by the hospitals submitting figures \$101.28

Item 3. Includes all fixed charges

such as interest on hospital invested funds, rent, taxes, insurance (fire or liability) and estimates as to depreciation of buildings.....	\$197.68
Item 4. Administration or Operation:	
*a. Salaries of officials to be charged to school.....	\$120.01
*b. Maintenance charge where due.....	37.63
c. Domestic salaries.....	38.90
d. Domestic maintenance.....	32.63
**e. Charge for time of hospital officials.....	9.38
*f. Educational supplies.....	4.77
*g. Special expenses: students' uniforms, textbooks, etc.....	63.10
*h. Commencement expenses.....	5.88
*i. Students' allowance.....	133.00
*j. Charge for sickness.....	51.83
*k. Recreational.....	7.59
l. Linen: bed and table.....	11.82
m. Mattresses and pillows: renovation, etc.....	1.20
n. Dishes and silver.....	3.71
o. Furniture and furnishings.....	15.63
p. Food, including all overhead charges.....	367.47
q. Laundry.....	67.65
***Item 5. Office Expense.....	5.46
Item 6. Telephone and Telegraph.....	2.50
*Item 7. Advertising expense; publicity and auditing, etc.....	3.09
Item 8. Miscellaneous.....	2.92

GRAND TOTAL² (all expenditures \$1285.13

Our analysis necessitates the tentative acceptance, at least, of certain basic building and administrative standards. For instance, in considering item 1 (that of physical maintenance) and item 2 (physical operation) we start by estimating at least 4,000 cubic feet for each nurse. As some of the new nurses' homes require fully 4,500 cubic feet

per occupant, 4,000 cubic feet is a conservative figure for a home in which the basic unit is a single (not a double) room. In building, it is customary to estimate hospital nursing needs at the rate of one nurse to every two patients, though in a few instances, hospitals are actually providing for three or more nurses for five patients.

In estimating total hospital requirements for one patient, 12,000 cubic feet of space is considered the necessary quota, which figure includes the 2,000 cubic feet representing the individual pupil's share in the nurses' home, a share which is equal to one-half of space required for each nurse. If 2,000 cubic feet per patient or one-sixth of the required hospital space is needed for the school of nursing, then one-sixth of all building or building maintenance cost should be charged to the nursing department.

In estimating item 3, fixed charges, we again take our required 4,000 feet of space which, estimated at a cost of eighty cents per cubic foot for multiple-storied, fire-proof buildings of the most approved type of construction and finish, (today's building figures) plus proportionate land value and furniture for nurses' home, which gives us a figure approximating \$4,000 as the capital investment required for the housing of each nurse. If this figure seems a little high, it must be borne in mind that 4,000 cubic feet is probably less than today's actual requirement in building nurses' homes.

Estimating the capital invested by the hospital for the nursing department at the rate of \$4,000 per nurse, a 5 per cent. interest return on that amount furnishes a figure of \$200 to be charged off against

² All of the above items are chargeable to student nurses. Items not starred are chargeable to graduates. ** (c) one-half to students and one-half to graduates. *** Item (5) two-thirds to students, one-third to graduates.

each nurse per year. In our composite budget in one instance, the interest charge was only \$41.00 per pupil which would indicate that the hospital submitting this figure estimated its capital investment for each nurse at \$850 in place of the \$4,000 which would probably be required today for building a nurses' home. The figure of \$850 undoubtedly represents the cost many years ago of a non-fireproof home of a type no longer acceptable as either safe or desirable. This composite budget yields the figure of \$142.25 per nurse as the item of interest or a total cost for building and grounds of \$2,845.

In schools where interest is charged, there will probably be no rent item and most hospitals are tax exempt. Tax exemption represents a community contribution which does not appear at all in our study. Insurance (fire) is quoted at varying rates according to the type of building insured. One school with first class fire-proof buildings quotes a rate of seven cents per hundred. Liability insurance varies from thirty to forty cents per hundred.

The charge as to the depreciation of buildings is generally computed at a two or three per cent. rate in well-built, fire-proof construction which would allow for renewal or abandonment of the plant in from 33 to 50 years.

Item 4, administration or operation, which is divided into many subheads, presents points for discussion which are less involved and concerning which the average nursing school superintendent feels herself to be reasonably well informed.

Under subheads a and b, the entire salaries and maintenance of the teaching or special officials, who give full time to

the student nurses, should be charged off against the school of nursing; also a fair proportion of the time and maintenance of all other nurse officials. It has been estimated that three-fourths of the superintendent's salary and maintenance might be charged, one-half of the assistant superintendent's and from one-eighth to one-third of certain supervisors' and head nurses' who have definite teaching duties. The same facts hold good with servants whose duties are limited to the nurses' home and who deal entirely with the nursing group. Their salaries and a fair maintenance should be charged off as a part of the nursing expense. The maintenance figure for this group has been estimated at rates varying from \$365.00 to \$500.00.

It has been surprising to find that some schools make no charge against the department of nursing for time spent by hospital officials other than nurses. In several instances, the statement was made that no time was spent by hospital officials on training school matters and yet in the next breath we were told that all nursing school accounts were so tied up with the hospital accounts that a complete budget could not be returned. Undoubtedly in almost every school of nursing most of the bookkeeping (except possibly the actual making out of the monthly payroll) and all handling of special funds are done through hospital executives. It is only fair to assume that time spent by the head of the hospital in advising with nursing school authorities as to the various nursing problems should be considered as well as that of other officials, bookkeepers, clerks, etc.

Probably all other subheads under item 4 are self-explanatory and call for

no particular argument. Considerable difference was found in the estimate made for furniture and furnishings, dishes, bed and table linen. Undoubtedly such figures will vary greatly according to policy of the hospital in providing generously or frugally for the needs of the nurse. The item of food was one concerning which there was less difference proportionately than any other. Ten schools reported on this item. The lowest estimate was \$266.00 per nurse,

the highest \$547.50. In the matter of laundry expense there was a marked variation. Quotations were received from eleven schools, the lowest of which was \$18.72 per year per pupil, and the highest \$143.00. It was interesting to note that in each of the cases quoted, the school stated positively that there was no doubt as to the accuracy of that figure. The composite total of \$67.65 will probably be considered as a fair average estimate.

 BUDGET FOR DEPARTMENT OF NURSING¹

AS DIVIDED BY COMMITTEE FOR FURTHER ANALYSIS

Chargeable to All Nurses	Per Capita	Schools Represented	For Students Only Educational and Special	Per Capita	Schools Represented
Item 1—Maintenance of buildings with repairs and replacements	\$101.28	6	Item 4—Administration		
Item 2—Physical operation—light, heat, power, etc., wages and supplies			a—Salaries of officials doing educational or special work	120.01	6
Item 3—Fixed charges—interest, insurance, depreciation of buildings	197.68	5	b—Maintenance charge of this group	37.63	3
Item 4—Administration or operation			c—Charge for Hospital officials' time (1/2 total)	4.69	5
c—Domestic salaries and wages	38.90	5	f—Educational supplies	4.77	6
d—Domestic maintenance	32.63	2	g—Special cost of uniforms, text books, etc.	63.10	4
e—Charge for Hospital officials' time (1/2 total)	4.69	5	h—Commencement exercises	5.88	5
l—Linen, bed and table	11.82	6	i—Students' allowance	133.00	3
m—Mattresses and pillows, renovation, etc.	1.20	5	j—Charge for sickness	51.83	5
n—Dishes and silver	3.71	6	k—Recreational	7.59	6
o—Furniture and furnishings	15.63	7	Item 5—Office expense (2/3 total)	3.64	6
p—Food, including overhead charges	367.47	10	Item 7—Advertising, publicity, etc.	3.09	4
q—Laundry, including overhead charges	67.65	11	For educational and special purposes	435.23	
Item 5—Office expense (1/3 total)	1.82	6	For maintenance	849.00	
Item 6—Telegraph and telephone	2.50	6	Annual per capita, Grand Total	\$1,285.13	
Item 8—Miscellaneous	2.92	5			
(No estimate for sickness)					
(No estimate for vacation relief)					
For graduate maintenance, total	849.90				
For graduate salary at \$80 per month	960.00				
Total cost	\$1,809.90				

A study of the composite budget as a whole yields the following interesting figures: of the total \$1,285.00,—\$850.00 is the actual maintenance charge to be made for all nurses, either graduate or student. The remaining \$435.00 is the amount chargeable to nursing education and special student nurse expense. The total cost of the single graduate is \$850.00 maintenance, plus her salary per year of \$960.00 or \$1,810.00. The cost of the student is \$850.00 for maintenance plus \$435.00 for education or \$1,285.00 total. One might be tempted to jump quickly to the conclusion that if the student costs the hospital at a rate of \$1,285.00 while the graduate costs \$1,810.00 per year, inclusive of salary, the cost of the graduate group would be much greater, but such is not really the case.

As a fact, the expense to the hospital is relatively greater through the use of the student group because of a direct loss in three different ways: First, through the loss to the hospital involved by carrying the entire probationary group as extras. In the school with a daily average of 100 pupils we would expect to graduate a class of at least 30 per year. It is generally conceded that from 25 per cent. to 40 per cent. of the students admitted, leave during training. Taking the lowest figure of 25 per cent. in the 100-student school, at least 40 probationers would have to be admitted each year and carried for a period of four months, or one-third of the year, in order to keep up the ranks of the school which would signify that the hospital is carrying an average daily loss of 13 per cent. of all nurses. In many schools 15 per cent. to 20 per cent. estimated loss would be nearer the

actual figure. The second loss which occurs to the hospital is a time loss. Student nurses are on the wards eight hours, graduates nine hours. The relative loss through the use of the student nurse group, therefore, would be one-ninth of the whole amount or practically 11 per cent. The third loss occurs because of the lack of experience or efficiency of the student nurse group. A generous estimate of the relative value of the student as compared with the graduate would be that in her first year (exclusive of probation) she might be said to represent 75 per cent. of the graduate's value, in her second year 90 per cent. and in her third year 98 per cent. or a general average of 88 per cent. efficiency during her entire training as compared with the graduate. Thus the total loss to the hospital is: 13 per cent. through probationers, 11 per cent., through shorter hours and time loss, 12 per cent. through lack of efficiency, making a total relative loss, as compared with the graduate group, of 36 per cent., or a relative efficiency of 64 per cent. on the part of the student group, 100 per cent. representing the full value of a graduate nurse. If the graduate group costs the hospital at the rate of \$1,810 each, per year, the relative value of the student nurse rated at 64 per cent. of that amount would be \$1,158.40. Since the cost to the hospital of the student is \$1,285.13 and her estimated value amounts to \$1,158.40, the total loss to the hospital through maintaining a school of nursing amounts to \$126.73 per student each year. If the school is maintaining less than a three year course, the loss to the hospital would be proportionately greater as more students would have to be enrolled and

a larger group of probationers maintained, besides which the relative value of the senior students would have to be scaled down below 98 per cent. Hospitals that maintain the full three year course of training receive, therefore, the best financial return from their schools of nursing.

Another interesting figure is that of the cost of the student to the hospital per working hour. This is a figure which has been very much discussed at different times during the past three years. The student works, according to the findings of the committee, 36 weeks, first year (16 weeks probation deducted); 48 weeks, second year (1 month vacation deducted); and 48 weeks, third year, (1 month vacation deducted) which gives us a total of 132 weeks in a three years' course.

If the 54-hour week is maintained (which allows for 8-hour day minus extra time on half days, holidays, Sundays, and days following night duty) 7,128 hours in all is the amount of time the student works. The cost of the student nurse to the hospital for her entire training is (\$1,285.13 multiplied by 3 which equals) \$3,855.39 divided by 7,128 hours equals 54 cents per hour, cost to hospital (all maintenance and educational items included) equals \$4.32 per day or \$130.40 per month.

The financial comparison which our composite budget permits us to draw between the graduate nurse and the student nurse group would seem to be a decided argument in favor of the employment of the graduate nurse group; first, because of her greater earning value through greater experience; second, her longer hours of duty; third, because in a hospital staffed with only

graduates the nursing could be done with at least as many less nurses as the daily average of its probationary class. It must also be granted that less supervision is required by this group owing to greater familiarity on the part of the graduate with her work and much less time loss through illness than is the case with the young student nurse, who has not yet become adjusted to the physical demands of her nursing work. Other points in favor of the graduate nurse group is that a hospital staffed with graduates could easily develop a group of attendants to take over a large part of the routine nursing work now done by student nurses, which would further tend to reduce the expense of conducting the nursing service of the hospital. The last three arguments, however, have not been considered in this financial study. But there are vital factors that cannot be indicated in any merely financial study.

The most common arguments against the use of the graduate nurse in the hospital for general duty are that the individual nurse too often lacks interest or inspiration and that the group as a whole lacks permanence or stability. As a result the rapid turnover makes it exceedingly difficult to maintain standardized nursing technic in any hospital requiring graduate nurses in large numbers because of the variety of nursing methods thus introduced.

The greatest arguments in favor of the use of the student nurse, in spite of her apparent greater cost to the hospital, are that, because of her youth and buoyancy and the fact that she is receiving a nursing education in which she is deeply interested, she brings an atmosphere of inspiration, of initiative

and of human cheer to the place that could never be developed in any other way. Student nurses are constantly on the alert for information, knowledge and experience and keep everyone around them stimulated educationally and socially. Since they are a younger and more flexible group, they respond readily to suggestion and necessary restriction. Superintendents of experience justly claim that the student's value to the hospital in the third year of her training is so great that if given the choice they would invariably select her in preference to a graduate nurse for general duty.

Our final and most important consideration in developing this comparison between the two groups, is the fact that the hospital with proper standards has a return duty to the community which supports it that it must meet by educating and preparing student nurses not only for all hospital nursing needs but for those of the community at large. If schools of nursing were abandoned, we should risk a return to the Sairy Gamp condition in hospitals, and welfare work in communities might be brought to a disastrous and sudden termination.

In considering the result of this necessarily limited study, the committee wishes to stress the surprising per capita differences existing in the figures presented by different schools. The totals of the six budgets, on which the larger part of the study was based, ranged from \$718.00 to \$1,410.00. This wide range was due to several causes. In some cases no monthly allowance was paid students while in one instance students received an allowance of \$20.00 per month. Only one school submitted

a complete estimate with every item considered. The study has also demonstrated the totally different standards existing in different hospitals regarding training school requirements as to instruction, educational equipment, scholarships, recreational funds, etc.

The results, however, show quite conclusively that in hospitals where an adequate nursing education is maintained—where the eight hour day prevails and where students are suitably housed and care for, the time has passed for accusing the hospital of exploitation. Today certain hospitals are maintaining educational institutions in the form of their schools of nursing at considerable cost to themselves, which cost is constantly mounting. There is, among them, no complaint because of this increase in cost and responsibility, but rather in each case an intense pride in the school as an educational factor, productive of good not only to themselves but also to the public whom they serve so well. And, unfortunately, the charge of exploitation still holds against many hospitals whose standards are grievously low.

Your committee would respectfully recommend that the National League of Nursing Education urge hospital and training school authorities to unite efforts in bringing about the general adoption of a separate budgetary system for schools of nursing throughout the country for the following reasons:

1. In order to do justice to hospitals maintaining proper standards in their schools of nursing and to free them from the charge so frequently brought of exploitation of student nurses.
2. In order to enable hospital authorities to make application for a separate and extra proportion of funds assigned them through

community chests, federations, and so forth, to be devoted to the exclusive use of the school of nursing.

3. In order to place definitely before the public the need of greater financial support and assistance in properly housing and educating student nurses.

During the past ten years the whole hospital system has undergone a complete change; medical education also has changed radically and increased greatly in cost. Should it surprise us to discover that nursing education has changed greatly both as to method and cost? Until the separate budget system for schools of nursing is adopted, definite comparisons cannot be drawn nor can financial expenditures be planned intelligently and economically in advance in order that ugly and unexpected deficits may be avoided.

Your committee is of the opinion that if the nursing needs of the hospital and the educational needs of the school of nursing are to be fairly and adequately met, if the health and happiness of the young student nurse is to be properly considered and maintained, hospital authorities and nursing heads should be in a position where they can estimate correctly and intelligently the total cost of such service in each of its varied requirements.

In the Rockefeller Committee Report of 1923 were many recommendations for the correction of existing limitations and evils in schools of nursing, and one of its foremost was that the community be brought to understand that if nursing education adequate for the care of the sick and to meet the need of modern health campaigns was to be properly developed, the securing of endowment funds for such purpose must be considered as an absolute prerequisite. It is

difficult to see how the sums required for endowment funds for schools of nursing can be estimated until each hospital and school can present a definite and correct account of its practice and expenditures. The difficulty experienced by practically every hospital and school approached is felt by the committee to be the strongest argument in favor of a separate budget for the school of nursing that can be produced.

In closing the report the committee wishes to express its gratitude and appreciation to the schools furnishing the budgets or various estimates on which this report was based. Special thanks are due Prof. Charles Rittenhouse and Dr. S. S. Goldwater without whose helpful assistance this study would have been almost impossible.

ON THE 1925 CALENDAR

Since 1921 the National League of Nursing Education has published yearly a calendar. The reader will recall that the first calendar, that which appeared in 1921, commemorated the Florence Nightingale Centennial and was composed of excerpts from the writings of Florence Nightingale. The 1922, 1923 and 1924 calendars each presented biographical sketches and portraits of twelve distinguished American nurses.

With the 1925 calendar, now in preparation, a new series is begun, the theme of this series being "Early Schools of Nursing." Historical sketches with illustrations of twelve Nursing Schools, all established before 1883, make up the calendar content.

Additional details of this calendar will appear in the November issue of the *American Journal of Nursing*.

UNIVERSITY SCHOOLS

The Washington University School of Nursing, St. Louis, directed by Claribel A. Wheeler, who did conspicuously good work with the School of Nursing of Mt. Sinai Hospital, Cleveland, is now under the general supervision and control of the Medical School through

an Administrative Board appointed by the Chancellor of the University and reporting to the executive faculty of the School of Nursing. The Director of the School of Nursing is ex-officio a member of this Board.

The School offers courses leading to the diploma of graduate nurse, to the diploma of graduate nurse and the B. S. degree, and also offers courses to special students. Students in the combined course will spend two years in the College of Liberal Arts, two years in the School of Nursing and the fifth year in electives. The first semester will be spent in the College or School of Medicine, the last in field work in the hospital or public health centers.

UNIVERSITY OF WISCONSIN SCHOOL OF NURSING

The new School of Nursing of the University of Wisconsin, directed by Helen I. Denne, who has been an assistant to Miss McMillan at the School of the Presbyterian Hospital, Chicago, is organized in association with the State of Wisconsin General Hospital. The coordinating committee of the School is composed of the dean of the medical school, the superintendent of the hospital, and the director of the school. A certificate of graduate nurse will be granted for one semester of academic work and 32 months of professional training in residence. Two five-year courses, leading to a B. S. degree and a certificate of graduate nurse, are offered. The College of Letters and Science grants the B. S. degree to students who successfully complete six semesters of work in the College and 27 months of work in the School of Nursing. The College of Agriculture grants the B. S. degree to students who successfully complete six semesters of work in the Course in Home Economics and 27 months work in the School of Nursing.

The Department of Nursing Education, Teachers College, New York, is announcing a new three months' course of rural field practice with college credit. A limited number of scholarships are available covering all expenses, including living. The course is open only to nurses meeting the entrance requirements of the college, who have covered the basic theoretical work given in an accredited

course in public health nursing with approved practical experience. The rural field work will be under the supervision of Jane Allen. Application should be made to the Department of Nursing Education, Teachers College, Columbia University, New York City.

NEW COURSE IN PEDIATRICS

The Indiana University Training School for Nurses, Indianapolis, is prepared to offer courses to graduate nurses who desire more specialized training in Pediatrics. The facilities for instruction are offered by the School of Medicine, Training School for Nurses, the James Whitcomb Riley Hospital for Children, the Social Service Department of Indiana University, and the Indianapolis Public Health Nursing Association.

A carefully planned course to last for 24 weeks is offered; in this course will be emphasized the Feeding of Infants and Children, Orthopedics, and the Acute Diseases of Childhood. Study of adult diets, particularly diabetic, will be included.

On the completion of the course a certificate from Indiana University will be granted the student.

In addition to the above course, others of varying type and length will be arranged to meet the needs of those nurses who wish a more or less extensive training and experience.

Application for admission should be addressed to the Director, Training School for Nurses, Indiana University, Indianapolis, Indiana. Candidates must have evidence of having completed the course in a commissioned high school and must hold a diploma from an accredited School of Nursing.

ADVANCED COURSE IN OBSTETRICAL NURSING AND MIDWIFERY

In order to help meet the need for more thoroughly trained public health maternity nurses, the Manhattan Maternity and Dispensary of New York City is offering an advanced course in obstetrical nursing and midwifery to a limited number of graduate nurses who are especially interested in promoting better maternity care through education of the public in cooperation with the various existing organizations.

The course of four months, will begin October first. The first two months will be

spent in the Hospital and Dispensary. Lectures will be given by well known obstetricians and classes will be given by a nurse instructor with quizzes by a physician. The third month will be devoted to maternity nursing in homes under the instruction and supervision of Henry Street Settlement. During this period the students will remain at the 70th Street Center of the Settlement. They will return to the Hospital only once a week for class and lecture.

The fourth month will be spent in the hospital under the supervision of the School of Nursing but the assignments will be under the direction of the medical staff as they will attend clinics and attend and deliver patients in the district under the supervision of the staff.

Nurses are not to be prepared to practice midwifery, but the course is designed to give a more thorough knowledge of obstetrical nursing than is now obtainable.

OUR CONTRIBUTORS

Gladys Henry Dick, M.D., and George F. Dick, M.D. worked for many years at the McCormick Institute for Infectious Diseases in Chicago before they secured the brilliant results so modestly outlined in Dr. Dick's article.

The exceedingly important cause of extending and improving communicable disease nursing has no more able or ardent champion than Elizabeth F. Miller, Superintendent of the Philadelphia Hospital for Contagious Diseases. Miss Miller is a graduate of Samaritan Hospital, Philadelphia, and postgraduate of the Woman's Hospital, New York. She has also had one year at Teachers College, Columbia University.

Alice A. Weston is a graduate of the School of Nursing at Peter Bent Brigham Hospital, Boston, and is now in charge of the Out-patient Department there. Having had postgraduate work in public health nursing at Simmons College and three years of urban and rural public health nursing, it is not surprising to find that Miss Weston's "pet enthusiasm" is that of improving the education of nurses by utilizing Out-patient Departments.

Susan C. Francis, R.N. (See "Our Contributors," April, 1934). The article on "The Milk Laboratory of the Children's Hospital of Philadelphia" is, in itself, sufficient guaranty of Miss Francis' exhaustive study of the subject before the laboratory described was equipped.

Baroness Sophie Mannerheim is director of the largest school of nursing in Finland, she is President of the Finnish Nurses' Association and of the International Council of Nurses.

Elizabeth P. August graduated in 1912 from the Lakeside Hospital School of Nursing, Cleveland. She took the Public Health Nursing course at Western Reserve University in 1916-1917. She has done private nursing, visiting nursing and school nursing in Cleveland, and school nursing, also, in Elyria. For three years, Mrs. August acted as Nurse Inspector for the State Commission for the Blind in southern Ohio. For another three years she served as Assistant Director, Bureau of Public Health Nursing, for the Lake Division of the American Red Cross. After helping to reorganize the Visiting Nurse Association of Cincinnati, and doing industrial nursing in Cleveland, she became General Secretary of the Ohio State Association of Graduate Nurses.

Helen W. Kelly, who is Registrar of the Wisconsin Nurses' Club and Registry, Milwaukee, Wisconsin, has an unusually rich background for her position; a wealth of experience that is helping to make the Wisconsin Registry a powerful factor in nursing in Milwaukee. Lack of space prevents our enumerating all her activities since her graduation from the Illinois Training School. It is sufficient to note that in addition to four years of private duty nursing she has had postgraduate work at Teachers College, has had experience in important administrative positions in hospitals, public health work and with the Red Cross. She knows nursing from many angles, an invaluable asset to a registrar, and has a profound conviction that nurses should wake up to the fact that our official registries need standardization in order that nurses may cease registering with "just any one" who will give them calls.

Elizabeth A. Greener, Superintendent of Nurses, Mt. Sinai Hospital, New York, had administrative experience of value as Superintendent, for several years, of the Hackley Hospital, Muskegon, Michigan, before coming to Mt. Sinai. Miss Greener has always been an active and valued worker in local, state and national associations.

George Thomas Palmer, M.D., is recognized as a physician who really knows tuberculosis. He is Medical Director of the Palmer Tuberculosis Sanatoria, Springfield, Illinois.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director Nursing Service, American Red Cross

NATION-WIDE ROLL CALL—SEPTEMBER 12

THE plans for reaching each nurse enrolled in the Red Cross Nursing Service in order that she may respond on National Defense Day, September 12, have been issued from National Headquarters to the Divisions and to the Committees. The important link is the letter that goes out to each enrolled Red Cross nurse, the main points of which are that this first practical test of the peacetime working of the National Defense Act does not mean active service and does not mean giving up work but does mean that, regardless of age, occupation or present physical condition, each nurse is expected to report to her committee, either in person, by letter, by telephone or by telegram. This letter concludes:

Please pass this word on to your sister nurses, watch the public press, the nursing journals and the *Red Cross Courier* for general information and whatever you do keep constantly before you in some conspicuous place the words: Report September 12—"Here"!

Nurses can save themselves a little trouble by taking this special letter, which each member of the enrollment will receive, signing it with their names and addresses, and returning it to their committees at headquarters which will constitute reporting by letter.

As a result of the close coordination between National Headquarters, Division Offices and Chapters, the last in many cases will arrange for local Nursing Committees to use chapter offices

as headquarters, providing facilities for recording the names of nurses who reply as well as assisting them in the task. Each nurse should report to these headquarters either before or as early on the morning of the 12th as possible, so that committees may telegraph returns by noon to Divisions, which will in turn telegraph National Headquarters before 2 p. m. National Headquarters in its turn will report to the War Department before the end of the day. There can be no better test of efficiency and cooperation as well as of the spirit of every link in the Red Cross Nursing Service than this plan.

Nurses employed at a given point, such as the Government Hospitals of the U. S. Veterans' Bureau or Public Health Service or connected with a reserve Hospital Unit, may either report directly to National Headquarters or report in groups to the Chief Nurse who, as this is a general call, will report enrolled Red Cross nurses and those not enrolled. If the groups of Red Cross nurses in uniform are required for public demonstrations in any of the larger cities, equipment will be provided by Division offices.

Failure to respond will bring criticism upon the whole service for not measuring up to the purpose for which it is organized but to make a hundred per cent. return will indeed reflect splendidly on every single nurse of the 30,000 on the active status list and it is not too much

to hope of the Official Nursing Reserve of the U. S. Army and the Reserve—by request—of the U. S. Navy. Pass the word on, so that this first universal Roll Call in the United States in time of peace will show Red Cross nurses not behind the splendid record of strength, loyalty and devotion they set for themselves during the world war.

RED CROSS NURSES IN LORAIN

The spirit of Red Cross nurses and the efficiency of the local Red Cross Nursing Committee stand out in the disaster at Lorain, Ohio, following the terrific tornado which devastated the town on June 28. In less than four hours of the news reaching Cleveland, Cora Templeton, a Red Cross nurse in charge of a group of thirty nurses and with medical supplies, was on the lake steamer bound for the scene of the disaster. It was the Cleveland Red Cross Enrollment Committee which called all nurses serving during the disaster, and the excellent service it rendered was largely due to the efficiency and energy of its secretary, Clara Justice, who is also registrar of the Cleveland Nurses Registry.

With the first unit on its way the Committee continued sending out radio messages bringing Red Cross and other nurses to Lorain from every direction. Arrivals continued for twelve hours, the highest number of nurses registering for duty actually reaching the figure 194.

Lota Lorimer, chief of the Nursing Bureau, whose services were volunteered by the State Department of Health, Clara Lodwick, Red Cross Nursing Field Representative for Ohio, and Miss Templeton took charge. The Red Cross Nursing Committee at the Red Cross Headquarters in Lorain registered and

assigned nurses for duty in dispensaries, in the hospitals, or to the district, as they reported themselves.

Eight First Aid stations were established in addition to improvised hospitals and dispensaries and in full operation for three days, medical service being provided by the National Guard Medical Corps and nursing service by the American Red Cross. Then five were closed and the three largest and busiest kept open. At the end of a week it was found possible to close another, but it was the sixteenth day before the last two could be dispensed with. Two hundred and seven cases were cared for on the fifth day which was the peak of the activity at the dispensaries.

The Red Cross nurses who served here gave a splendid instance of generosity. Busy women as they are, each of them gave at least a week's service as her contribution to the suffering people and some of them gave two weeks. Each of them as she left pledged her willingness to serve again when needed, expressed her pleasure with her term of service, and said she was glad of the experience. Such fine spirit adds lustre alike to the Nursing Service in which they are enrolled and to their profession.

ENROLLMENT ANNULLED

Supplementing previous lists of names of nurses, whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases, yet another is issued this month. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as

they always remain the property of the Red Cross:

Abel Signora Estelle; Abbott, Carolyn Edyth; Cooke, Mrs. Agnes D.; Cordell, Mary J.; Gilbert, Frances; Grace, Mrs. J. Marvin (nee Sarah O. Tucker); Green, Mrs. A. C. (nee Audrey Raburn); Grubbs, Viola E.; Haase, Mrs. Isabel Melvin; Hacking, Helen Hill; Magan, Mrs. J. H. (nee Ida B. Yeager); Hall, Anna Marie; Hamilton, Lucie Agnes; Handley, Perry; Hanwish, Rose Constance; Hardy, Eunice I.; Harma, Mrs. Rachael Leona; Harper, Mrs. Cyril J. (nee Helen De Puydt); Harper, Mabelle Eugenia; Hay, Helen A.; Hayes, Mrs. Laura Edith (nee Farrell); Heacox, Mrs. Edith Grace Bybee; Heaney, Martha; Henahan, Mary M.; Hennessey, Mrs. Mary Lee (nee Bott); Hernandez, Mrs. Edna P. (nee Menaugh); Hertzog, Mrs. F. C. (nee Haldie Sundre); Hewitt, Anne; Hitch, Mrs. Maude M. (nee Davidson); Holland, Cecelia Loraine; Holston, Mrs. Helen Louise (nee Scheerer); Hoover, Anna R.; Hough, Margaret A.; Hudson, Mary Oliva; Hug, Elizabeth W.; Hurd, Margaret Mabel; Hurley, Mrs. Helen (nee Roarke); Hutzelman, Mrs. J. C. (nee Dolores M. Glassmeyer).

ITEMS

Mrs. Whitelaw Reid was recently personally admitted a Lady of Grace of the Order of St. John of Jerusalem by King George of England at Windsor Castle, in the presence of the Duke of Connaught and the Knights and Ladies of Justice of the Order, assisted by the Archbishop of York. It represented official recognition of her services in Great Britain in connection with the American Red Cross Nursing Service. She has continuously shown her interest in Red Cross nursing since 1898, when she became Chairman of the Committee on Nurses of Auxiliary No. 3 (the Red Cross Society for the Maintenance of Trained Nurses), doing yeoman work in the Spanish American War and being responsible for the introduction of nurses into field hospitals and foreign fields of service. In this connection she saw President McKinley and his cabinet ministers. In the World War she did similar notable work, this time in England, where she became prominent as the wife of a great

American ambassador. At "Oldway House," turned into a hospital by the Committee of the American Women's War Relief Fund of which she was a member, the first American Red Cross nurses landing in England in September, 1914, reported for duty. What she, as Chairman of the London Chapter, did for their comfort in London and France from early in 1917 on, those Red Cross nurses who served overseas will never forget.

Mrs. Reid and one other American woman are the only two to be admitted to this essentially aristocratic Order (the supreme head and grand patron of which is always the reigning king of England and its grand prior, the then Prince of Wales), which dates back 900 years to its foundation during the first crusade in Jerusalem to organize hospital work. All its members must be of noble birth unless admitted "of grace" for work of superlative merit. An offshoot in Great Britain is the St. John's Ambulance Association, the work of which corps corresponds in a measure to that of the American Red Cross First Aid Service.

Lola G. Yerkes, who graduated from the Bellevue Hospital School for Nurses, New York City, has been appointed Director of Home Hygiene and Care of the Sick and Director of Nutrition, Central Division. A public health nurse, a teacher and a home economics graduate, she was for two and a half years connected with the extension department of Iowa State University, where she organized hospital social service work for the state and secured cooperation from nursing and club organizations in all counties. She was recently connected with the Merrill Palmer School, where she was on the faculty of the Michigan Agricultural College as associate professor of home economics.

Elsie Witche, long in the service of the American Red Cross at home and abroad during the war, has been appointed Assistant Director of Nursing, Central Division. After her war service Miss Witche became county nurse in Custer County, Broken Bow, Nebraska. Her services here brought her the position of nursing field representative on the Division staff. She worked for a year and a

half in Iowa and last year organized public health work in Montana. Miss Witcher, who was educated abroad and speaks several languages, is a graduate of Mercy Hospital, Denver, and was trained in public health at the Western Reserve University. She succeeds Etta Lee Gowdy, who resigned to take up temporary work with the Visiting Nurses Association at Hartford, Conn.

Nurses of the New England Division will regret to learn of the resignation of Mary K. Nelson, who has been Director of Red Cross Nursing Service for three and a half years. Miss Nelson has accepted the position as Director of the American Hospital and School of Nursing in Constantinople. Clara E. De Brau, who has been assistant superintendent of nurses at the Rhode Island Hospital School of Nursing, sailed on August 9 for Constantinople as first assistant to Miss Nelson. A second assistant is being sought.

On the same steamer by which Miss Nelson sails on September 9, Hazel Goff leaves for Constantinople to go on from there to Sofia, Bulgaria, as assistant to Rachael Torrance, who is Director of the School of Nursing. Miss Goff has been connected with the School of Nursing at the Alleghany General Hospital, Pittsburgh.

Another change in the New England Division is the departure of Ruby Cameron, who has resigned her position as Director of Home Hygiene and Care of the Sick. She has developed this work both in Chapters and elsewhere to a very considerable extent.

Lyda Anderson, who has been the Director of the American Hospital and School of Nursing in Constantinople since 1921, has resigned on account of ill health. After turning over her work to Miss Nelson she will probably remain in Europe for some months recuperating.

Several other changes in the American personnel have taken place or are pending.

Ruth Bridge, who has been instructor of student nurses, has already returned to this country. Miss Glendinning, Miss Dean and Miss Bethel are leaving this month (September). This arrangement is made possible by appointing some of the graduates as head nurses and assistant instructors and Miss Nelson, Miss Da Brau and the second assistant will constitute the staff after the withdrawal of these nurses. This utilization of trained native personnel is in line with American Red Cross policy in its foreign activities.

Nora Rennie and Helen Porter, graduates of the School of Nursing, Johns Hopkins Hospital, who sailed in April for Santo Domingo City, the capital of the Dominican Republic, to take charge of the Military Hospital of the Policia Nacional Dominicana, recently returned to this country after three months service. They were advised to leave Santo Domingo by Col. Cutts as the American Forces were being withdrawn from that country and on his recommendation, decided not to remain.

Irene Cummins has been selected and expects to sail on September 25 as assistant to Marion Doan, Director of the School of Nursing at Hayti. A 1918 graduate of the Battle Creek Sanitarium Hospital Training School, Miss Cummins enrolled in the American Red Cross in 1919. She served at two of the Army Camps during the 'flu epidemic. Recently she has been in Kansas City, first at the Mercy Hospital where she was for two and a half years and latterly in three of the schools where she has had fifteen hundred children under instruction in school hygiene.

TOO LATE FOR CLASSIFICATION

Massachusetts: THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, October 14 and 15, 1924, at the time and place designated on the admission card issued on the filing of applications. Application must be filed by October 1. Charles E. Prior, Secretary, State House, Boston.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

TUBERCULOSIS IN THE TRAINING OF NURSES

BY GEORGE THOMAS PALMER, M.D.

ON account of the very remarkable growth of the volunteer tuberculosis movement and the aggressive part which national, state and local tuberculosis associations have taken in advancing not only anti-tuberculosis work; but public health activities of every kind, there has developed a very natural reaction on the part of health officers and on the part of those engaged in the other specialized forms of health endeavor. The tuberculosis movement has come to be the largest popular or extra-governmental health movement the world has ever known, financed more generously than any other health activity through the sale of the Christmas seal whose novelty has never worn off and which offers the tremendous advantage that every man, woman or child who has a penny and a social conscience may be a full-fledged contributor and benefactor.

It is not surprising that, with this uniquely democratic method of financing and with the singularly enthusiastic volunteer workers who have been personally appealed to in some way or another through the almost universal ravages of the disease, that the organized tuberculosis movement should have continued to grow until today it is the only health organization with strong national and state societies actually reaching every county, town and hamlet in the nation.

The reaction on the part of health officers and the other specialized health workers manifests itself in not altogether

unfriendly, but in rather critical inquiry. "Why," they ask, "should tuberculosis—only one of several communicable diseases—receive this tremendous emphasis?" "Why," they further inquire, "should tuberculosis be over-emphasized as compared with other ailments?" "Why should the general health work of so many of our towns and communities be done under the rather attractive name of a tuberculosis association?" "Why should not the tuberculosis activities (with their rather liberal resources) be merged with the general health organization, whose officers, through broad general experience, would know how to put the subject in the place to which it is properly entitled?"

From the standpoint of the tuberculosis worker there are adequate and convincing replies to all of these questions. He tells us that, if emphasis on a disease is to be proportionate to the importance of that disease as a cause of death and illness and of monetary loss as compared with others, the emphasis on tuberculosis very properly out-balances that of most of the other preventable diseases put together. He assures us that, in his opinion, no preventable disease can be over-emphasized until wiped out of existence altogether and he gently suggests that perhaps the trouble is that the other diseases are a trifle under-emphasized. He advises that we build up the standards of other health activities to those of the tuberculosis movement, rather than tearing

down tuberculosis activities to force them to keep slower step with the others. He tells us that the reason why all of the general health activities, particularly in rural counties and towns, are carried out in the name of tuberculosis, is because, in most of these communities there were no health activities of any kind until the tuberculosis associations came into being and that these organizations have of necessity broadened their programs to more fully meet the community needs. He denies, incidentally, that tuberculosis is an unpleasant name.

He admits the theoretical advisability of merging the tuberculosis activities into one well rounded general health movement; but he objects to such an attempt at this time for reasons which appear to him ample and sufficient.

He is unwilling to risk the splendid machinery which tuberculosis workers have built up through twenty continuous years of labor, in what he regards an experiment of very doubtful outcome, and in this his position is not altogether selfish. He realizes, of course, that the tuberculosis movement is more liberally and more permanently financed than any other extra-governmental agencies; but he is not especially concerned that tuberculosis would have to pay more than its share of the freight in a co-operative enterprise. His chief apprehension is based upon the attitude of the general public health man toward tuberculosis. The average health officer frankly regards tuberculosis as merely one of the communicable diseases. The tuberculosis worker regards it as a big social problem with a medical aspect having only little in common with the subject of communicable disease.

It will require a great deal of mutual understanding and the surrender of many deep-rooted prejudices to bring the general public health man and the tuberculosis enthusiast to a working agreement or to a satisfactory evaluation of tuberculosis in the general scheme of things; but in the meantime tuberculosis stands as a gigantic problem making new and insistent demands upon the medical and nursing professions and backing up these demands with new and incontestable reason and facts. Regardless of the attitude of public health authorities, the tuberculosis man contends that the medical schools and especially the general hospitals and training schools have failed to give to tuberculosis the place it merits purely as a matter of clinical medicine and he is now prepared to support his charge with the testimony of public officials and physicians who had to do with the medical service among soldiers both during and after the world war.

It is generally known that, in the hysterical fear of infection which prevailed at one time and which still prevails in certain quarters, general hospitals refused to receive tuberculosis patients with the result that the majority of nurses have finished their training and many young physicians their internships without having had the slightest first hand information in regard to one of the most widespread of all serious diseases.

As a result of this short-sighted and entirely unnecessary policy, we found ourselves seriously handicapped when we were compelled to face the tuberculosis problems of military service. It is no longer a state secret that our exemption boards admitted to service hundreds of young men suffering from

frank tuberculosis, nor is it a secret that, in creating the "tuberculosis boards" for the army, it was often necessary to draft physicians with little or no tuberculosis experience and to specially train them for their work. This was not true in surgery nor in any of the special branches of medicine, with the possible exception of orthopedics.

It is generally known that, when the United States Public Health Service and later the Veterans' Bureau assumed charge of the hospitals for returned tuberculosis soldiers, sailors, marines and nurses, there were not available in the United States enough physicians or nurses trained in tuberculosis to furnish a creditable personnel for these institutions.

It was a very natural consequence of this disturbing and unfortunate condition of affairs that Surgeons General of the Army, the Navy and of the Public Health Service, together with the Council of the American Medical Association, should call upon the general hospitals of the nation to have at least one ward of tuberculosis patients if for no other reason than for the necessary education of internes and nurses. It would be a deplorable thing indeed if, in the presence of a like emergency in the future, a similar condition of unpreparedness should be found to exist.

But aside from the general desirability of the nurse having some knowledge of a disease so widespread as tuberculosis and one which parades under so many guises that it often exists where least expected, there is another very definite reason why the nurse has a right to expect from her school a reasonably intelligent idea of this disease. Public health nursing is becoming a larger and

more inviting field for the nurse and the field is but beginning to be developed. To one who has followed public service nursing from the beginning of its brief history, it seems quite reasonable to expect that, within another decade, there will not be a county or parish, township or road district, however isolated, in the United States which will not have some form of nursing service and, to one who may be classed as a pioneer in tuberculosis work, it seems safe to prophecy that, while there may not be so large a percentage of purely "tuberculosis nurses" in the future as there are today, all nursing services will be paying infinitely more attention to tuberculosis. This seems quite natural when we recall that perhaps 90 per cent, of the public nursing services existing today—general visiting nurses, child welfare nurses, school nurses, public health nurses—have had their origin directly or indirectly in tuberculosis organizations.

At the present time, nurses who turn their attention to this very important and interesting field, seem to have a clearer idea of everything else expected of them than of tuberculosis and, naturally enough, most of them are impressed with the idea that tuberculosis is not interesting.

For the nurse who contemplates public service nursing—and most nurses do at one time or another—the training school should give something more than a smattering of tuberculosis, the communicable disease. It should give at least a fleeting glimpse of tuberculosis, the very intricate and tremendously interesting social problem. At any rate it should erase from the mind of the student nurse the mass of misconception

and ignorance by which the truth about tuberculosis is so often obscured.

And now, no doubt, will come the protest that the curricula of training schools are already crammed to the limit; that a high degree of specialization is impossible and perhaps the pertinent inquiry: "Why, of all the various diseases with medical-social significance, should tuberculosis be singled out for special emphasis?" And the tuberculosis enthusiast will say that he does not seek special emphasis on tuberculosis. He may ask pertinently or impertinently in reply: "Why single tuberculosis out as the only medical-social subject to be entirely ignored in the instruction of our nurses?"

The training school may not give to the student nurse that highly developed thing we call "child welfare work"; but it does give the foundation for it in the obstetrical service and in the wards for children. It may not deal extensively in communicable diseases, but the nurse in training cannot escape some contact with typhoid fever, pneumonia, influenza, diphtheria, and others of that class and the nursing of communicable diseases is usually taught with some degree of thoroughness. The training school may not emphasize venereal diseases or "social hygiene"; but the nurse comes to know the Wasserman test and salvarsan and comes into daily contact with syphilis in its myriad phases and with the aftermath of venereal disease in the overcrowded gynecologic service.

The nurse may never hear of the society for the prevention of blindness; but she knows what nitrate of silver will do in the way of prevention and she gets at least a smattering of eye treatment. She may hear nothing of the

society for cancer research, but she does see occasional cancer. She may know nothing of "mental hygiene," but she cannot avoid acquiring some knowledge of the neurasthenic, the alcoholic, the drug addict, the melancholic and even the acutely insane.

For every phase of medical-social work in the great world beyond her, the nurse receives some foundation training which will help her—for every phase except the biggest one and the most important one measured either by prevalence and morbidity or by success in the public attack upon it—tuberculosis. And yet tuberculosis is admittedly as definitely a medical specialty as operative surgery, and tuberculosis nursing is entirely different from ordinary bedside nursing, requiring a social vision as nowhere else in the entire field of nursing.

The crux of the tuberculosis problem, from the standpoint of the doctor and the nurse, lies in two well-known "therapeutic theses" formulated by Dr. Lawrason Brown:

There is no disease for which the medical profession can do so little actively as for steadily advancing pulmonary tuberculosis.

The treatment of pulmonary tuberculosis demands little knowledge of drugs, but much about the immediate and prolonged education of the patient.

With these two basic facts confronting us, coming as they do from a man who speaks "as one having authority"—what are the desirable qualifications for the successful tuberculosis nurse and what have our training schools generally done to qualify her? And yet in no part of the great field of medicine does the competent nurse prove herself more valuable than in the care of the tuberculous.

STUDENT NURSES' PAGE

BASKETBALL IN SCHOOLS OF NURSING IN DETROIT

By MILDRED CHURCHILL
Grace Hospital, Detroit



GRACE HOSPITAL BASKETBALL TEAM, DETROIT, MICH.

THE Basket Ball League for Student Nurses of Detroit was organized through the Department of Recreation. Harper and Grace Hospitals were the first to organize teams early in October. The student nurses feel very much indebted to Ruth Barber, who has so ably and willingly coached the various schools. They feel that Miss Barber is specially qualified for this field as she is a graduate nurse, and therefore

realizes recreational tendencies and requisites for physical maintenance. The purpose of introducing competitive athletics into hospitals is to give clean play and recreation, to relieve the students of their routine, to promote loyalty, school spirit, and stimulate friendly competition among the schools.

That the competition is keen, and friendly too, was shown at the opening game of the season. It was played by

Harper and Grace Hospitals. The student bodies from the schools were present in uniform and sang school songs, gave drills, and cheered the sponsors and the teams. The teams looked very attractive in their suits, Harper players wearing gray and scarlet, and Grace navy and scarlet. Both teams looked evenly matched and fought hard but the final whistle found Grace in the lead.

The hospital executives have given cooperation and the physicians and board of directors have made the League possible by presenting trophies and suits. Dr. J. B. Kennedy of Grace Hospital presented to the League the trophy seen in the photograph. The final disposition of it is to be made at the end of the season. Dr. Kennedy also presented the suits for the Grace team, and Dr. W. L. Babcock, director of the institution, the shoes and stockings. Dr. Max Bolin of Harper Hospital also offers a beautiful trophy and a third one, contributed by all hospitals interested, is called the Interscholastic trophy. Dr. A. A. Newbar of Grace Hospital will present each member of the winning

team with a small gold basket ball charm.

This new activity is creating much enthusiasm and apparently is urging the Grace team on to victory. It has won every game played up to the time of writing and is looking forward eagerly to the close of the season hoping to secure at least one of the awards.

IN MEMPHIS

Due to the efforts of the Recreation Department of the Memphis Park Commission, a Basket Ball League was organized amongst the students in the General Hospital in February of the present year. Four teams were formed, each of which played six official games, the winning teams being chosen to play against other teams in the city.

The Probationers, or Skeezix as they term themselves, won all League games though often hardly contested, particularly by the Spark Plugs, composed chiefly of the Intermediate nurses.

Though failing to win the Silver Loving Cup presented to the best team throughout the city, each member of the Skeezix team was presented with an emblem by the Park Commission.

The benefits to be derived from outdoor sports are many, applying not only to the betterment of the health of the nurse, but also to promoting good sportsmanship and greater cooperation amongst the student body.

COURSE FOR PRIVATE DUTY NURSES

The University of Michigan will give an Extension Course for Private Duty Nurses in Detroit, September 15-19. The morning programs consist of one lecture on Psychology and one on a technical subject such as Goitre, X-Ray and The Ductless Glands. Afternoon sessions will be devoted to demonstrations of medical and nursing procedures at various hospitals.

The fee for the course is \$4.00 and must accompany the application which should be made before September 5. This is a real opportunity. Applications should be addressed and money orders made payable to Frances S. Drake, 4708 Bush Street, Detroit, Mich.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

THE INCURABLE PATIENT

DEAR EDITOR: Would a graduate nurse take care of an incurable patient? Yes, she would. Can we be sure in this day and age that any disease is incurable? Almost every day we hear of a new cure or an old one revived. The time is coming when we will cure, or prevent which is much better, all diseases. We must take care of our so-called incurables in the most scientific way we can. In that way we can help science. If we cannot cure, very often we secure improvement which in time will help find the cure for others. We have no right to say there is no more to be done, though we may say, *I can do no more, let someone else try*. What about the comfort of this incurable patient? Here is a poor diseased body that needs the most tender care that only a graduate nurse knows how to give,—a bath, a rub, the bed made comfortable, the tray made appetizing, and a hundred other things. On the mental side, the more education and refinement we have the better able we are to understand. What if you or I were the patient and we were thrown aside as not worth a fellow nurse's time? The sad part of any so-called incurable case is that we lose interest, the doctors lose interest. They have done all they can, perhaps, for the body and forget there is a mind to minister to. The physician, more than any other person, has opportunities to help the soul. Next or alongside comes the nurse. There is danger of a nurse staying too long on one case and getting what we call rusty. If she finds herself doing that, the time has come to change. When a nurse finds herself on a long case, she should take advantage of the meetings the different organizations hold, read the nursing journals; perhaps go to a hospital and see a few operations. There are many ways she can maintain a high standard of efficiency. What we have learned well, we seldom lose, we just need a little brushing up. There are several types of cases a graduate nurse should not tie herself up with. One is prolonged convalescence. The patient may say, I have the money so I

will have the luxury of a nurse. Should a nurse who has fitted herself to nurse the critically ill, spend her days riding around in an automobile or sit waiting for her patient to come home in order to change her dress for dinner or put her to bed, when she is quite able and should do these things herself? Another is the supremely selfish patient who does not want to get well or will make no effort to do so. Again, there is money. She can afford to be sick, or just selfish! We will not say the nurse's time is wasted, but could she not use it to better advantage? There is still another case,—the well baby. This is the mother's work or that of a nurse maid. There are many fields where graduate nurses are needed. Not least of these is the long painful illness for which there has been found no cure. We are a peculiar group, set aside to do some of the finest work in this world,—to relieve suffering. Let us be proud of our calling and think no branch of nursing service beneath our skill if we are helping some poor sick soul over a hard place.

New York

L. M. B.

OCCUPATIONAL THERAPY

DEAR EDITOR: Occupational Therapy presents a very large and interesting field for graduate nurses who wish for some reason to enlarge or to change their work. Many nurses after years of work find themselves so stale or so tired that a change of occupation or of outlook seems a very good thing for them; many, too, find as they get older that the nursing hours are too long to be borne, and still they cannot stop work entirely or do not wish to do so, and it is to this class of workers that Occupational Therapy seems peculiarly adapted. While not so well paid as a nurse, the therapist has the advantage of shorter hours and a vast field for most interesting and constructive work. To my notion, mature nurses of long experience make the very finest therapists, particularly for the mentally handicapped, and in taking the course, allowance may be made for their nursing experience and the course materially

shortened. Perhaps my own experience may interest some who feel a need for a new occupation. I am a graduate of an eastern school of nursing. I have been married for many years, I am well past the age when I can carry on the strenuous life of a nurse. I have not nursed for many years, although I have kept in touch with the work. Last year I had financial reverses and domestic troubles that left me somewhat upon my own resources, although not driven by immediate necessity to work for a living. After canvassing the various possibilities for a woman of my experience and training I decided that therapy was the most interesting as well as the most humanitarian work that I could possibly take up, and so I entered a school of this kind. The first year was intensely interesting, part of the time being taken up by academic work in the university by courses in college English, Psychology and Pedagogy, the rest of the time being given to the theory of design and to the mastery of the various crafts which are a most necessary part of the work. The second year which I will have next, is given to more university work, a few crafts and several practice months in various hospitals. The possibilities for a graduate are splendid; if she wishes private work her nursing experience would be of the greatest value, her wages would be good and the hours attractive, the hours on duty, for both private work and for hospitals, being from nine to five.

Missouri

E. S.

TRAINING IN NEUROPSYCHIATRY

DEAR EDITOR: Only in recent years have we heard very much of neuropsychiatry, yet it has belonged to medical science for centuries. In former years the patient suffering from any form of neuropsychiatry was thought to be insane. People shrank from him, at an early stage he was removed to an asylum. No effort was made to treat his mental sickness, he was declared incurable. What would be the increased death rate today of cancer, tuberculosis, etc., if we were to ignore them in their earliest stages? It has been said that a person physically ill is also mentally ill. Without a doubt this is true. The patient on his sick bed who seemed so cheerful in the morning may

have changed completely by evening. Patients find fault over trifles when ill. No two patients can be managed in the same manner. Since psychology is the study of the mind and psychiatry is the treatment of the diseases of the mind, the nurse should become thoroughly acquainted with both subjects in order to derive the greatest results in the care of her patients. Psychology has been given a place in the program of the best training schools and no doubt will be given greater consideration in the future, but the nurses of today graduating from a general hospital are almost ignorant of the proper management of the psychiatric patient. It has not been included in her training course, perhaps she is not interested enough to regret this but at some time in her nursing career she will long for the experience. Hospital training schools affiliate with special hospitals for the care of communicable diseases, but very few affiliate with a psychopathic hospital. What part will psychiatry have in the development of medicine in the future? What part should it play in a nurse's training?

Pennsylvania

S. M. C.

PROGRAMS FOR NURSES' MEETINGS

DEAR EDITOR: In the July *Journal* Miss "B" was wondering if the nurses were accomplishing their purpose in their meetings. Miss "B," have you interested the young graduates in your meetings? How many attend? I have found in several places all the work was carried on by the older nurses and the younger ones felt they were not needed. The young graduate brings new ideas and "pep" and will help you meet the doctors' papers half way and keeps interest stirred up. When I graduated I knew very little about nurses' meetings except those of my alumnae. Very few of my friends went to the state meetings and consequently I stayed at home. In five years' time I lost interest in nursing. For a lark, a few of us went to Detroit; we went to one meeting a day for the first two days, then we became so interested we hardly missed a meeting. The dignity of Miss Eldredge and the wonderful poise of Miss Logan are enough to inspire any nurse to "hitch your wagon to a star" and try to do better work and inspire

others. You should have a definite goal—something hard to gain and work for it. We have hitched our wagon to a star—we're after the Convention! Why don't you try for it? It makes all the nurses pull together, keeps up interest and stimulates you to make every nurse do her part. Interest your student nurse and hold your young graduate and I think you will solve your problem

Louisville, Ky.

E. L. C.

NURSING SMALL HOSPITALS

DEAR EDITOR: Small hospitals have arisen in various localities in response to definite community need. They have their places just as small colleges have, and the principle of "Live and let live" applies here as elsewhere. Among the small hospitals of our acquaintance anyone of us could name one or more which does not need to apologize for itself. It is not only because a greater percentage of the sick of our country are cared for in small hospitals that they are a community need. Other things being equal, they afford a better place for the young people of their respective communities to acquire their training as nurses. Only the unusual young person is fitted to go from a small town into the temptations of a great metropolis. Both patient and pupil can here receive individual care and training. The supervision can be such as to be helpful and not ridiculous as it sometimes is in a very large school.

Florida

E. T. S.

A HOLIDAY HOTEL FOR NURSES

DEAR EDITOR: Nurses traveling in England may be glad to know of S Helena's, 24 and 26 Earls Avenue, Folk-

stone. It is a Holiday Hotel for nurses and V. A. D. members under the auspices of the United Services Fund. It is a perfect place in which to rest. Miss Lee is kindness itself and is very anxious to welcome nurses from the other side of the water. Many may be glad of such a restful spot. It is only one and one-half hours from London.

Ohio

C. MacD.

A CORRECTION

DEAR EDITOR: The Report of Detroit Convention states, "Maryland handicapped by Politics." Maryland desires to correct this item. This state is exceptionally free from the above-named handicap.

HELEN C. BARTLETT, R. N., President,
Maryland State Board of Examiners of Nurses.

JOURNALS ON HAND

The persons named below have copies of the *Journal* which they will be glad to give away if postage is paid:

Charlotte Petterson, Route 2, Box 25, Isanti, Minn. 1914—December; 1915—January, February, May; 1919 through 1923, complete.

Elizabeth M. Richards, College for Women Library, 11130 Bellflower Road, Cleveland, O. 1915—November; 1920—February, April, June-August, October-December; 1921—complete; 1922—complete, except November.

JOURNALS WANTED

WANTED: The following numbers of the *Journal of Nursing*—Volume 18; 1917-1918, December, January, February, August. Volume 19, 1918-1919, November, December, March, May. Journals will be paid for at current prices.—JANE VAN DE VREEDE, 249 Ivy Street, Atlanta, Ga.

THE JOURNAL TABLE

At every state meeting there may be found, or should be found, (for material is always sent) a table where *Journal* subscriptions are taken, either single subscriptions or in combination with the *Pacific Coast Journal* or with *The Survey*.

Nurses who have ever lived on the Pacific Coast are glad to keep up with the doings of their old friends by reading that journal. Superintendents who wish to give their students breath of view and social vision will put *The Survey* in their reading room.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

28. "In the July *Journal* Miss Noyes states that Red Cross nurses who served directly under the Red Cross during the War are not eligible for compensation for sickness and disability incurred in line of duty. If not, what provision has the Red Cross made for the care of such nurses? If the members of the National Guard, called into Federal Service, who became disabled or who died before being accepted and enrolled for active service, are placed on the same status as men inducted by local draft boards, why are not the Red Cross nurses who were by special act of Congress made the reserve of the Army and Navy, entitled to the same consideration?"

Red Cross Nurses serving overseas directly under the American Red Cross who may have

been disabled are eligible for the special insurance developed under the American Red Cross. They are not eligible for Veterans' Bureau Compensation, even though they are the constituted reserve of the Army Nurse Corps, unless they have been inducted into the Army or Navy Nurse Corps. Members of the National Guard are federalized, i. e., they are part of the military establishment. The Red Cross Nurse is not "federalized" until she becomes a member of the Army or Navy Nurse Corps. The Surgeon General may call upon the American Red Cross for nurses even in time of peace. They, however, serve only with their own consent.

CLARA D. NOYES,

National Director, Nursing Service

NURSES' DAY IN CUBA

"The President of the Republic of Cuba has set aside the third of June as Nurses' Day. The reason for this celebration is to collect funds for a social house for nurses which will be situated in Havana and will serve to stimulate among them professional culture and being at the same time an official center; said center will have a registry to facilitate to the public in general the manner of obtaining nurses who are dedicated to private practice. The nurses who do not have homes will find in this center moral and material protection. There will be facilitated at the same time lodging for nurses who travel. The institution will have a library and will utilize every benefit in favor of Cuban nurses and will do everything possible for their future."—From U. S. Public Health Service.

PUBLIC HEALTH NURSING IN THE PHILIPPINES

"The first course in public health nursing to be given in the Philippine Islands was inaugurated on August 1, 1922, and six months later thirty students were graduated. A second class of sixty-nine nurses completed a similar course in December, 1923. The University of the Philippines will continue the instruction. Four Filipino nurses have been granted fellowships for study in the United States in administration, teaching, and public health. A modern curriculum for training schools has been prepared. A training school was opened in April, 1923, at Baguio for the Igorot region, and Government has provided scholarships for preliminary education of Moro girls and boys who may wish to enter the training school at Zamboanga.

—From Information Service, The Rockefeller Foundation.

REPRINTS FOR SALE

Reprints at 10 cents each may be obtained of the papers given at the Convention by Dr. Lockwood, Dr. Farnall, and Mrs. Bolton; also of the paper recently published in the *Journal* by Dr. Gesell on the Pre-school Child. Reprints at five cents each may be obtained of the article on Breast Feeding by Dr. Huenekens.

NURSING NEWS AND ANNOUNCEMENTS

AMERICAN NURSES' ASSOCIATION

A limited number of extra copies of the Proceedings of the sessions of the American Nurses' Association are available and may be secured for thirty-five cents a copy by writing to the headquarters office, 370 Seventh Avenue, New York, N. Y.

NURSES' RELIEF FUND

REPORT FOR JULY, 1924

Balance on hand June 30, 1924.....\$11,242.72

Receipts

Interest on bonds.....	166.25
California: One individual, Los Angeles	5.00
Connecticut: Danbury Hospital Alumnae Assn., 20; one individual, South Norwalk, \$2.....	22.00
Illinois: District 1, St. Luke's Alumnae Assn., Memorial to Miss Johnstone, \$100; St. Joseph's Alumnae Assn., \$50; St. Mary of Nazareth Alumnae Assn., \$50; Frances E. Willard Alumnae Assn., \$5; Chicago Memorial Hospital Alumnae Assn., \$24; Jane McAllister Alumnae Assn., Waukegan, \$5; individual members, \$34.....	268.00
Indiana: Hayden Hospital Alumnae Assn., Evansville, \$20; one individual, Hammond, \$1.....	21.00
Michigan: Michigan State Sanitarium, Howell, \$5; District 10, \$2.50	7.50
New Jersey: One individual, East Orange	2.00
New York: District 2, \$16; District 4, \$2; Student Nurses, Hospital of Good Shepherd, Syracuse, \$25; District 5, one individual, Binghamton, \$5; District 7, Broad Street Hospital Alumnae Assn., Oneida, \$5; District 9, Student Nurses, Samaritan Hospital, Troy, \$25; District 13, \$2.50.....	80.50
North Carolina: District 6.....	25.00
Ohio: District 4, Huron Road Hospital Alumnae Assn., \$25; St. Luke's Hospital Alumnae Assn., \$10; Cleveland City Hospital	

Alumnae Assn., \$25; one individual, \$1; Lake County Hospital, Perry, \$4.....	65.00
Oregon: State Nurses' Association..	26.00
South Carolina: One individual.....	1.00
Vermont: State Nurses' Assn.....	25.00
Check returned (applicant deceased)	15.00

Total receipts\$11,971.97

Disbursements

Paid to fifty-two applicants.....	\$760.00
Printing and stationery.....	39.85
Postage	10.00
Exchange on checks.....	1.55

Total disbursements..... 811.40

Balance on hand July 31, 1924.....\$11,160.57

Invested funds 83,951.57

\$95,112.14

REPORT OF COMMITTEE ON FEDERAL LEGISLATION

Since the last report on the status of reclassification there have been a number of changes. Salary schedules supposedly in accordance with the classification bill were changed July 1. For the U. S. Public Health Service the salaries were increased: Chief Nurses from \$1,584 to \$1,800 per annum; Assistant and Acting Chief Nurses from \$1,200 to \$1,500; Head Nurses from \$1,020 to \$1,140; Staff nurses from \$960 to \$1,020.

This still leaves the Public Health Service behind the Veterans' Bureau, so far as salaries are concerned, and still makes a difference between persons, employees of the government, doing the same kind of work. The salary schedule of the Veterans' Bureau is as follows: Chief Nurses from \$1,650 to \$2,100 per annum; Assistant Chief Nurses from \$1,400 to \$1,650; Head Nurses from \$1,200 to \$1,400; Staff nurses from \$1,080 to \$1,260. There is still no definite classification of nurses, as they are still placed in three grades; non-professional, sub-professional and clerical, though the Superintendent of Nurses in the

Veterans' Bureau was notified by the Personnel Board that she had been placed in the second grade of the professional service. A week later she was notified that she was again placed in the sub-professional service. This classification has been made solely to keep salaries within a certain limit without regard at all to the standing of the employees, and the fact that these groups are doing the same work with the same professional education, seems to have been entirely lost sight of, since there has been no effort made to classify these persons in any one group. This is not only true of nurses. It is also true of dietitians, aides and of many other workers in government service who, up to this time, have been classified as professional. No definite action will, of course, be taken on the amendment to the reclassification bill until Congress reassembles December 1.

LUCY MINNICKRODE, *Chairman.*

ARMY NURSE CORPS

During the month of July, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: to Station Hospital, Fort Benning, Ga., 1st Lieut. Anne Williamson; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Elsie E. Schnieder; to Letterman General Hospital, San Francisco, Cal., Olga M. Anderson, Margaret Houston, Bessie L. Kellogg; to Station Hospital, Fort Riley, Kans., 1st Lieut. Nellie E. Davis; to Station Hospital, Fort Sam Houston, Tex.; 1st Lieut. Anna L. George, 2nd Lieut. Margaret Uthaug; to William Beaumont General Hospital, El Paso, Tex., 2nd Lieut. Anna L. Hanson; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Abigail B. Graves, Marie J. Farrell, Sarah E. Holden, Della J. Hurley, Florence I. Lee, Alvina L. Schmidt; to Station Hospital, West Point, N. Y., 2nd Lieut. Mary A. Herbert, Barbara Ziegler.

Second Lieuts. Mary F. Kelly and Florence MacDonald were transferred to Station Hospital, Tientsin, China.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieuts. Harriet E. Aronson, Pearl A. Buss, Eileen M. Byron, Irene M. Casper, Margaret Coffman, Mabel

Cooper, Vera M. Fisher, Lynn C. Freeland, Marjorie M. Gentle, Zoe Golden, Alma R. Hagen, Grace S. Hieligman, Lois Hughes, Della D. Jordan, Josephine Kimerer, Malicent E. King, Marie Louise Lorenz, Margaret E. McClendon, Dorothy F. C. Nason, Helena Swyny, Kathleen Swyny.

ARMY SCHOOL OF NURSING

The 1924 *Annual* of the Army School has recently appeared. This publication is managed entirely by the students. The keen interest of the Alumnae Association in the welfare of the school is a constant gratification and source of support. Its annual *Journal* with its accounts of the activities of its members, and comments and suggestions about the school course is of great value. The poster which is prepared and furnished by the Alumnae Association for use in matters of publicity and recruiting is a contribution to the success of the school that can hardly be overestimated. A class of approximately fifty students is expected in October.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps;
Dean, Army School of Nursing.*

EXTRACTS FROM THE ANNUAL REPORT OF MAJOR STIMSON

The strength of the Army Nurse Corps on June 30, 1924, was: Regulars, 468; Reserves, 207; total, 675.

There have been eight appointments in the regular Corps and 153 assignments to duty as reserves, making a gain of 161. With 202 discharges (including 12 under orders for discharge) and one death, there is a total loss of 42 nurses during the past 12 months.

All members of the Army Nurse Corps who transferred from the list of Regular nurses to that of the Reserve for the convenience of the Government have been reinstated as members of the Regular Corps. This was made possible by the fact that the appropriation for the pay of nurses for the fiscal year is sufficient to maintain the strength of the Army Nurse Corps at 500.

Reserve nurses are still employed at the five general hospitals, and at Fort Sam Houston, San Antonio, Texas, to assist in the care of

the Veterans' Bureau patients. Civilian nurses are employed locally for the summer Reserve Officers' Training Camps, and the Citizens' Military Training Camps throughout the country.

Postgraduate courses in civilian institutions have been taken by two members of the Army Nurse Corps.

Visiting Nurse work in connection with the families of soldiers has been continued through the year at the Station Hospital, Fort Sam Houston, Texas, and at Schofield Barracks, Hawaii.

Legislation for retirement for members of the Army Nurse Corps is still pending, and the presentation of the bill at the next Congress is expected.

The work of the Victory Medal branch of the office was practically completed in January, 1924. Applications for this medal have been prepared and forwarded to approximately 22,000 former members of the Corps. More than 1,000 of these forms were returned unclaimed, and many applications have not been returned signed, in accordandance with the instructions which are inclosed with the application.

The Discharge branch of the office is continuing to send to the Veterans' Bureau, medical records of nurses claiming benefits of the Compensation Act. It also handles the final pay vouchers of nurses who sever their connection with the Corps.

During the past year efforts have been made to call the attention of the members of the Corps to the necessity of more nearly meeting recognized height and weight standards. The result of these efforts have been markedly satisfactory, and will be continued.

Progress in establishing closer relationship between the Army Nurse Corps and the nursing organizations of the country has been noted in the greatly increased number of applications for membership in the American Nurses' Association, and the National League of Nursing Education, from the members of the Nurse Corps. Moreover, there has appeared to be a marked increase of interest on the part of members of the Corps in the various educational advantages that are offered in communities surrounding Army stations.

NAVY NURSE CORPS

REPORT FOR THE MONTH OF JULY, 1924

Transfers: To Great Lakes, Ill., Florence G. Pond; to League Island, Pa., Susan I. Fitzgerald, C.N., Honora Drew, Edith Hebdon, Julia Moehr, Anna Patten, Mary B. Gainey, C.N., Marion McKay; to New York, N. Y., Rose K. Conley; to Norfolk, Va., Regina A. Crawford, Bessie C. Graham; to Parris Island, S. C., Delyla G. Thore, C. N.; to Philadelphia, Naval Aircraft Dispensary, Eva B. Moss, C. N.; to Puget Sound, Wash., Mary M. Ritter; to Quantico, Va., Lena A. Richardson; to San Diego, Calif., Elizabeth D. Bushong; to Washington, D. C., Helen Rein, Helen V. Duerr.

Honorable Discharge: Galena W. Deightman, Marie Sennett.

Resignations: Helen M. Hibbs, Elizabeth L. Bridgeman, Emmy Hillebrandt, Nelle L. Watkins, Vivant Stewart.

Discharged from Inactive Status: Gertrude Craig.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

Transfers: To Boston, Mass., Mary McSweeney, C.N., Anna Parker; to Pittsburgh, Pa., Dorothy Seneca; to Detroit, Mich., Mabel Reid; to Key West, Fla., Elizabeth McDowell; to Savannah, Ga., Lucille Watkins; to Hudson Street, New York City, Katherine Gibbons.

Reinstatements: Erma Ham, C.N., Myrtle J. Brown, Julia Crockett.

Beginning July 1, nurses in the Public Health Service received increases in pay in accordance with the accompanying schedule: Chief Nurses from \$1,584 to \$1,800 per annum; Acting and Assistant Chief Nurses from \$1,200 to \$1,500; Head Nurses from \$1,020 to \$1,140; Staff Nurses from \$960 to \$1,020. While the schedule does not reach what it was hoped could be done, it is a very decided increase, one well earned by the nurses, and one which the Public Health Service has been glad to be able to secure for them.

LUCY MINWACHNOSE,
Superintendent of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU
NURSING SERVICE

Hospital Service, Transfers: To Ft. Bayard, N. Mex., Mrs. Anne Dinamore, Ethel Bussong, Elizabeth H. Dyer, Mayme D. Hall, Asst. C.N., Elizabeth Kauffman, Mabel S. Miller; to Tucson, Ariz., Laura Beecroft, Asst. C.N.; to Palo Alto, Calif., Gertrude M. Patterson; to Prescott, Ariz., Hannah E. Halliday; to Jefferson Barracks, Mo., Mrs. Emma Goddard, Asst. C.N.; to Gulfport, Miss., Betty Moorehead; to Chillicothe, O., Jean Mingay, Alma E. Stenso, Asst. C.N.; to Camp Kearney, Calif., Katherine Huntington, Asst. C.N.; to Minneapolis, Minn., Clara L. Thorson; to Helena, Mont., Ethel A. Carroll, Asst. C.N.

Reinstatements: Anna M. Watters, Louise J. Persons, Mrs. Rose A. Grady, Frances E. Gross, Mrs. Eldy W. Johnson, Anne K. Pilegard, Marie L. Gumble, Katherine F. Lyons.

District Medical Service, Transfers: To Algiers, La., Christine F. Pfeifer; to Evansville, Ind., Margaret McCaughey.

U. S. Veterans' Hospital, No. 98, Beacon, N. Y., will be ready for the reception of patients September 1, 1924, and U. S. Veterans' Hospital, No. 96, Tupper Lake, N. Y., was ready August 15, 1924. Both of these hospitals are for the care of tubercular patients.

MARY A. HICKEY,
Superintendent of Nurses.

THE NATIONAL CONFERENCE OF SOCIAL WORK, at its annual meeting in Toronto, in June, elected as president, William J. Norton of Detroit. A meeting of editors of health magazines of national scope was held in connection with the Conference on June 27, at which the *Public Health Nurse* was represented by Ada M. Carr, and the *American Journal of Nursing* by Katharine DeWitt.

THE WOMAN'S OVERSEAS LEAGUE held a convention in San Francisco, July 16-21. Delegates from the east enjoyed a delightful trip in a special car with stops at various cities where they were hospitably entertained. The keynote of the convention was service to our disabled and needy sisters or brothers of the World War. It is hoped that nurses in increasing number will join this organization. The next convention will be held in New York.

THE INTERNATIONAL CATHOLIC GUILD OF NURSES was organized in Milwaukee, June 28. The conference just concluded at Spring Bank, Okauchee, headquarters of the Catholic Hospital Association, exceeded all expectations. It was attended by registered nurses from some twenty localities, 11 states being represented besides Canada and Ireland. A retreat began on the evening of June 21, following which organization meetings of the Guild were held. After the adoption of constitution and by-laws, the following officers were elected: President, Katherine McGovern, Minneapolis; vice presidents, Loretta Mulherin, Colorado, and Mary Sullivan, South Dakota; secretary, Mary Dorais, Missouri; treasurer, Evelyn Shea, Illinois. The following chairmen of committees were elected: Educational, Loretta Mulherin; Art and Industrial, Leah Stimson; Entertainment, Mary Dorais; Auditing, Mary Sullivan; Press and Publication, Blanche Atkinson; Library, Mable Knowl; Guild House, Ana Schemmer; Sodality, Marcella Heaven; Retreat, Rose A. Hartner. The Guild is made up of individual membership, registered nurses forming the voting and office-holding body. The purposes of the Guild are to associate Catholic nurses together for their individual and professional welfare and to work for the interests of the profession. Great enthusiasm and a spirit of co-operation were manifested. Those who wish to join the Guild are invited to send their dues with names and address to the International Catholic Guild of Nurses, Room 204, 610 Sycamore Street, Milwaukee, Wis. Catholic nurses may become voting or general members, non-Catholic nurses may be associates by paying \$3 annual dues. This gives the right to membership in the Catholic Hospital Association and a subscription to *Hospital Progress*. Any one may become a sustaining member by paying \$10 per year; contributors make a donation of at least \$100.

THE AMERICAN HOSPITAL ASSOCIATION will meet October 6 to 10 in the 106th Field Artillery Armory, Buffalo, N. Y. A record breaking attendance is expected because the Association has conducted an active membership drive throughout the year. Plans for the program and the exposition assure a profitable meeting. The Protestant Hospital Association

will meet on the days immediately preceding; the American Occupational Therapy Association, the American Association of Hospital Social Workers, and the Hospital Dietetic Council will meet simultaneously with the American Hospital Association.

THE AMERICAN CHILD HEALTH ASSOCIATION will hold its second annual meeting in Kansas City, Missouri, October 14-16. The Association has appointed Emma Dollinger as Director of its Health Education Division, as successor to Sally Lucas Jean.

THE CANADIAN NURSES' ASSOCIATION

(In addition to the report published last month, this further information has been received.) This was the first meeting of the Association since 1922, when it had been decided to hold biennial meetings. The President, Jean E. Browne, presided at the general sessions. Miss F. Emory and Miss Gaskell, Chairmen of the Public Health Nursing Section, and of the Private Duty Nursing Section, respectively, occupied the chair at the meetings of these sections. The President in her address, expressed her appreciation to the members for the manner in which Canadian nurses had demonstrated their realization of national unity and responsibility during the past two years. First, sufficient funds had been collected to provide for the erection of a Memorial to the nursing sisters of Canada who had given their lives during the recent war. Several delays had occurred which had prevented the memorial being unveiled as soon as had been expected. The committee had found it necessary to await the pleasure of the Federal Government when arranging plans for a site in the Main Building on Parliament Hill, Ottawa. Arrangements had been completed satisfactorily, and the Memorial would be unveiled at the time of the next general meeting. Second, the Association had undertaken to establish a national office as headquarters. This office, opened in Winnipeg, in February, 1923, is proving a benefit to the nurses of Canada. The program consisted entirely of the business deliberations of the Association. Among the chief items were: the change in the name of the organization to that of The Canadian Nurses' Association; the increase from two to four councilors as the

representatives from each of the provinces on the Council of the Executive Committee; the formation of a section on Nursing Education, when the Canadian Association of Nursing Education will be amalgamated with the National Association; the transfer of the office of the *Canadian Nurse* magazine from Vancouver to the national office, Winnipeg; the approval of a provisional policy for the Association relative to Maternal Care in Canada.

A joint open session with the Canadian Association of Nursing Education was held on June 23. Addresses of welcome were presented by the Mayor and by representatives of the medical and nurses' associations of Hamilton. Miss C. Reimann, secretary of the International Council of Nurses; Miss F. M. Shaw, Director, School for Graduate Nurses, McGill University; and Dr. J. W. Robertson, Canadian Red Cross Society, addressed the assembly. Tuesday evening was spent attending a reception at the Nurses' residence, Hamilton General Hospital, when the members of the local nurses' associations were hostesses.

The officers for 1924-1926 are: President, Jean E. Browne; vice presidents, Kate Matheson and Mabel Hersey; honorary secretary, Mabel F. Gray; honorary treasurer, Mary Shaw.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its twelfth annual meeting, October 9 and 10, at the Elks Club in Pine Bluff, Ark. All nurses throughout the state are urged to attend. THE STATE BOARD OF NURSE EXAMINERS will hold an examination in the Senate Chamber of the Capitol in Little Rock, October 7 and 8, beginning at noon, October 7.

Connecticut: New London.—THE LAWRENCE MEMORIAL ASSOCIATED HOSPITALS graduated thirteen nurses, May 7. Exercises were held in Plant Building, with the President of the Board of Trustees, Frederic Mercer, presiding. The invocation and address were given by the Rev. Edward Chapman; diplomas were awarded by the President of the Board of Trustees and school pins and companion cases, by Mrs. Nicholas M. Pond, president of the Women's Auxiliary. A reception and dance closed the evening.

Georgia: THE STATE BOARD OF EXAMINERS

OF NURSES will hold a semi-annual examination, October 15 and 16, 1924, in Macon, Savannah, Augusta and Atlanta, providing as many as six nurses apply in any locality. Send application to Jane Van De Vrede, Secretary, 688 Highland Avenue, Atlanta, Georgia.

Illinois: THE ILLINOIS STATE NURSES' ASSOCIATION will hold its annual meeting in Champaign, October 29-31. Miss Eldredge, president of the American Nurses' Association, and Miss Logan, president of the League, will be among the speakers. **Chicago.**—Ella Nicholson, class of 1922, Washington Boulevard Hospital, who sailed last spring for Resht, Persia, sends interesting reports of the extensive work the Mission is doing there. Ruth A. Jones has accepted a position in Williamsburg, Iowa; Ethel Beckler will remain in Rio de Janeiro, Brazil, until spring; Ethel Sheaff has been appointed supervisor of the Women's Medical and Surgical Department. **Moline.**—THE LUTHERAN HOSPITAL ALUMNAE held their annual banquet May 10 at the LeClaire Hotel. The seven graduates of 1924 were guests. Commencement exercises for the class were held May 13, at the Zion Lutheran Church. A reception followed the exercises, at the Nurses' Home. **Rock Island.**—THE FIFTH DISTRICT, Illinois State Association, and the SIXTH DISTRICT, Iowa State Association, held a joint meeting in the form of a picnic at Long View Point Park, Rock Island, July 15. Fifty members were present. Mrs. Francis Larkin, President of Fifth District Association, Illinois, called the meeting to order. Delegates to the A. N. A. Convention at Detroit gave very interesting reports.

Iowa: Council Bluffs.—Miss Nesbit, former anaesthetist of Jennie Edmundson Memorial Hospital, has charge of nurses in Aurora, Ill. **Hampton.**—THE HAMPTON LUTHERAN HOSPITAL graduated a class of seven, July 3. Addresses were given by Rev. Mr. Beutrup and Dr. Johnston. Dr. Powers presented the diplomas, Miss Beutrup, the training school pins; after which refreshments were served. The class was entertained by the Juniors, July 2, at dinner at the Connley Hotel. The Hampton Clinic doctors and wives were also guests. On July 6, the class, doctors and wives had a picnic at the summer home of Earl Ferris at Clear Lake. THE FOURTH DISTRICT will hold

its next meeting in Hampton sometime in September at the Nurses' home. The members are now busy collecting for the Nurses' Relief Fund. Out of 21 members, so far 17 have responded. **Ottumwa.**—THE SECOND DISTRICT ASSOCIATION held a meeting on June 12 at Oskaloosa, with a large attendance. The local nurses were hostesses. After luncheon, Frances M. Ott gave an inspiring talk which was enjoyed by all. The next meeting will be held in Burlington in September. Elizabeth Collin has resigned as Superintendent of the Ottumwa Hospital. She is taking an extended rest at her home in Freeport, Ill. **Waterloo.**—SYNOCDICAL PRESBYTERIAN HOSPITAL ALUMNAE met with Mrs. Clarence Henderson for the meeting in July; a good attendance, a good time. Waterloo reports all nurses busy.

Maine: THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration Wednesday and Thursday, October 15 and 16, 1924, beginning at 9 a. m., at the State House, Augusta, Maine. Applications should be filed with the secretary, Rachael A. Metcalfe, R.N., Central Maine General Hospital, Lewiston, Maine, fifteen days previous to date of examination.

Maryland: THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for State Registration October 14, 15, 16, 17. All applications must be filed not later than September 20 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts: The autumn meeting of the MASSACHUSETTS STATE NURSES' ASSOCIATION will be held in Northampton, covering a portion of two days, October 24 and 25, 1924. Mary E. Ayer, 57 Prospect Street, Northampton, is chairman of the committee on arrangements.

Michigan: Grand Rapids.—THE MARION LOUISE WITHEY SCHOOL FOR NURSES, Blodgett Memorial Hospital, held commencement exercises, June 21, on the West Terrace of the hospital grounds. Annie M. Goodrich, Yale School of Nursing, gave the address which was full of inspiration to the twenty young graduates. A reception and dance followed the exercises.

Minnesota: THE MINNESOTA STATE BOARD

OF EXAMINERS OF NURSES will hold the next examination October 2, 3 and 4, in St. Paul, Duluth and Rochester. The fall meeting of the MINNESOTA STATE REGISTERED NURSES' ASSOCIATION will be held in Minneapolis, November 5, 6, 7 and 8, the same dates as the Minnesota Educational Association. The annual meeting of the MINNESOTA LEAGUE OF NURSING EDUCATION will be held November 5, 6, 7 and 8 in Minneapolis. Address Caroline M. Rankiellour, President State League, 3809 Portland Avenue, Minneapolis.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS will hold an examination in Kansas City and St. Louis, September 24 and 25, 1924. Jannett G. Flanagan, Secretary, 620 Chemical Building, St. Louis. **Kansas City:**—THE KANSAS CITY GENERAL HOSPITAL held its first reunion and home-coming for former nurses and interns, June 21. They came from far and near in response to invitations sent jointly by the Hospital Board and Nurses' Alumnae Association. Many who were unable to attend sent telegrams and letters of greeting. From 9 to 11, clinics were held in the surgical amphitheater of the hospital. At noon, a tablet in memory of Lottie Hollenbeck and Edna Bradford, nurses who died in service during the World War, was unveiled. Dr. A. Ross Hill made the address and paid a beautiful tribute to these nurses. The hospital entertained all out-of-town guests and officers of the Alumnae at luncheon. In the afternoon, the Alumnae served tea on the south veranda of the Nurses' Home from 3 to 5. Many graduates brought along wee sons and daughters who were shown with pardonable pride. The day closed with a dinner at Ivanhoe Country Club. The first home-coming was voted a great success and it is hoped it will be made an annual affair.

New Hampshire: Claremont.—THE CLAREMONT GENERAL HOSPITAL ALUMNAE ASSOCIATION, at its annual meeting held in May, elected the following officers: President, Mrs. Marjorie P. Frasier; vice-presidents, Mrs. Mable G. Aseltine and Ruth Tenney; secretary, M. Gladys Larrabee; treasurer, Mrs. Clara H. Rice.

New York: THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting in

Syracuse, October 28, 29 and 30. **Buffalo.**—

The regular monthly meetings of District 1 will be resumed in September at which time the newly elected president, Ruth G. Hall, will preside. The September meeting will be held at the Lafayette Hotel on September 17, 3 p. m.

New York.—THE PRESBYTERIAN HOSPITAL ALUMNAE held their annual meeting on May 10. The officers are: President, Eunice Whipple; vice president, Emily Clatworthy; corresponding secretary, Alice W. Klatenbach; recording secretary, Louise M. Marsh, treasurer, Helen Young. The hospital will be moved in the near future to a plot of ground bounded by 165th and 168th Streets and Broadway. **Rochester.**—Frances E. Culley, class of 1921, Homeopathic Hospital, sailed for China on August 30 to teach in the training school for nurses at Chinkiang. **Syracuse.**—THE SYRACUSE UNIVERSITY SCHOOL OF NURSING graduated thirty-nine nurses at the University Convocation in June, the largest class in its history. Many social events were given in their honor by the School, the Hospital Staff and the Auxiliary. Two new supervisors have recently been added to the nursing staff: Helen Thurrott, B.A., University of New Brunswick, graduate of St. Luke's Hospital, New York City, as night supervisor; Sarah L. Gulliver, Syracuse University School of Nursing, Supervisor Emergency Department.

North Dakota: THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold an examination October 7 and 8, 1924, at Grand Forks. For further information address Ethel Stanford, Secretary, 703 Fourth Street South, Fargo.

Oregon: Portland.—THE OREGON STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination on October 8 and 9.

Pennsylvania: THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its twenty-second annual meeting on October 27, 28, 29 and 30 at Reading, with headquarters in the Berkshire Hotel. The first day, Monday, the 27th, will be given to business in the morning with Jessie J. Turnbull, president, presiding. In the afternoon the Private Duty Nurses' Section will hold their business meeting and at 4 p. m. Dr. Thomas Klein, Philadelphia, will present

the following subject: Ideal Training for Student Nurses for Private Practice. Discussion will follow. A round table on Compulsory Registration and Re-registration and Post-graduate courses for Private Duty Nurses, at 5 p. m., will be conducted by Roberta M. West, Philadelphia. The formal opening session will be a joint meeting of the Graduate Nurses' Association of Pennsylvania the State League of Nursing Education and the Public Health Nursing Organization. At this session the three presidents' addresses will be given and Dr. Wilmer Krusen, Director of Health of Philadelphia, will present, The Responsibility of a Municipality for the Education of the Nurse for Community Service. On Tuesday morning at 9 a. m., Discussion of Legislative Committee Report and Formulation of Legislative Program for 1925, by Margaret A. Dunlop, Chairman of the Legislative Committee. At 10 a. m. a round table on Central Registry and Hourly Nursing by Helen F. Greaney. Following this a paper by C. Howard Witmer, M.D., The Ideal Private Duty Nurse.

The Pennsylvania Organization for Public Health session begins at 10 a. m. Luncheon for visiting Board members at the Wyomission Club at 12m. Afternoon session 2 to 4:30. Evening session 7:45. Representative speakers on Public Health subjects will address these meetings. Notify Mrs. Herbert O. Vastine, 106 N. Fourth Street, for luncheon reservations at \$1 each. Mrs. Gilbert of Harrisburg to be hostess and Mrs. Fuller will preside. On Wednesday morning at 9, business meeting of the Graduate Nurses' Association. The remainder of the day the State League will present their program. 10-12, business; 2 to 3 p. m., Report of Pennsylvania State Board of Nurse Examiners, by S. Lillian Clayton, president. 3 to 4 p. m., Spirit of Nursing, Mary M. Roberts, Editor of the *American Journal of Nursing*. 4 to 5 p. m., Case Nursing, speaker to be announced. In the evening there will be a banquet, Elizabeth P. Miller, President of the League, presiding. An address will be given on The Responsibility of the State System of Education to Nursing Education. Thursday morning will be occupied by closing business sessions of the State Association and the Private Duty Section.

The Instructor's Institute, under the direction of the State League, will begin on Thursday, October 30, at 2 p. m., and continue until noon, November 1. **Altoona.**—THE ALTOONA HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual banquet at the Logan House, May 27. About fifty-five nurses were present. Ida F. Giles, Conemaugh Valley Memorial Hospital, Johnstown, the graduating class and the Executive Nursing Staff of the hospital were guests of honor. The entertainment opened with a song a welcome. Miss Giles gave a very interesting and helpful talk on The Importance of the Nurse Choosing the Proper Field of Nursing, emphasizing the fact that executive ability should not be wasted. After the program, all "made believe" they were children and played games. One of the most popular features of the evening was the little songs that were sung throughout the dinner, everybody entering into the spirit of the occasion. Each guest was presented with a corsage of lilies of the valley (the 1924 class flower), and each graduate received an application blank for membership in the Alumnae. **Huntington.**—At the Nurses' Home of the J. C. Blair Memorial Hospital, June 10, a reception was held for Miss Schneider, the out-going Superintendent, and for Miss Woodward, the incoming Superintendent. There were present the members of the Staff, Ladies' Auxiliary, Alumnae and pupil nurses. The Alumnae Association gave a very successful card party recently, the proceeds amounting to \$100. At a meeting held July 17 it was decided to install a telephone in the Nurses' Home. **Scranton.**—Janet C. Grant completed, in May, twenty-five years of service as Superintendent of the Moses Taylor Hospital. A dinner was given to Miss Grant at the Country Club at that time by the medical staff and nurses of the hospital, Anna C. Maxwell being a guest, also. Miss Grant is a graduate of the Presbyterian Hospital, New York. **Waynesburg.**—Mary E. Boyd of Oil City has been appointed superintendent of the Waynesburg Hospital; she will assume her duties in January. She is a graduate of St. Vincent's Hospital, Erie. Florence Dumbuck, a classmate, will assist her.

South Carolina: (An earlier report of this meeting was lost in the mails which

accounts for the delay in the appearance of this report.)

The seventeenth annual convention of the SOUTH CAROLINA STATE NURSES' ASSOCIATION was held in Columbia, April 29-30. The meeting was called to order by the president, Fannie Bulow. The Rev. Henry Phillips, rector of Trinity Episcopal Church, invoked the blessing of God on the meeting. Mayor Coleman of Columbia made a cordial address of welcome. The Chamber of Commerce sent a representative who assured the nurses of a most hearty welcome. Miss A. B. Commer, Directress of Nurses Florence Infirmary, responded. The first address was made by Mrs. D. L. McDonald, executive secretary South Carolina Tuberculosis Association. Her subject was, The Responsibility of the Nurse in the South Carolina Tuberculosis Program. She spoke in a convincing way, making the statement that 1750 persons had died in South Carolina of tuberculosis of the lungs during the past year. The per capita appropriation made by South Carolina in 1923 for the erection and maintenance of tuberculosis sanatoria was three cents. It was less than Georgia, Virginia, Mississippi or North Carolina. For the 17,000 tuberculosis patients in South Carolina last year there were only 200 beds available for treatment, there being no beds for children. In closing she made a most pathetic appeal to the nurses to help in this great work. Dr. William Weston talked on Development in the Field of Infant Nutrition. He assured us that hog lard is an absolutely useless form of fat, also warned the nurse not to give soda in case of acidosis; when this symptom occurs the blood has lost its amount of natural salts. Fruits and vegetables provide the vitamins to prevent acidosis. He recommends giving cabbage to a year old baby. This is done to provide the necessary vitamin. Dr. E. L. Horger, Assistant, State Hospital, made a very good talk on Some Practical Phases of Mental Hygiene. The duty of the nurse is to help this class of patients physically. Dr. Horger strongly urged that nurses receive some training in a hospital for nervous or mental cases; this could be brought about by affiliation between general and mental hospitals. Dr. J. Heywood Gibbs of Columbia made the next address. This was illustrated by moving

pictures and was on The Broad Aspect of Diabetes. He recommended Diabetic Manual, by Joalin, also Food Values, by Locke. A most delicious luncheon was served at the Jefferson Hotel by members of District No. 3. Mrs. C. Y. Reamer, district chairman South Carolina Woman's Suffrage Association, gave a talk at this luncheon on the responsibility of the voter. After luncheon the nurses in attendance visited the Columbia Hospital and the Baptist Hospital. The demonstration was most instructive. Different baths were demonstrated; covers for ice caps, hot water bottles, breast bandages, etc., were shown. Proper trays were exhibited in both hospitals. The nurses were then carried out to the State Park. Dr. Cooper gave a short talk on tuberculosis.

The Public Health Section was called to order by Ada Graham at 7 p. m. A play was given by the girls of the South Carolina Industrial Home, which they wrote themselves. Jane Van de Vrade, being unable to attend the meeting, sent Miss Rollin of the American Red Cross to take her place. She gave a talk on The Education of the Public in Home and Elsewhere. Ada Graham, Director of Public Health Nursing, next spoke on The Opportunity in Public Health for the Nurse. She told of thirteen counties with public health nurses and doctors, eight counties have a nurse only. She urged the public health nurses to take a course in public health. She told of a public health course in this state. It consists of a two weeks' course of lectures, a month with a county nurse, a month with a midwife instructor, a month with a health truck, two weeks' experience with holding tonsil and adenoid clinics, and so on. The meeting adjourned to meet at 9 p. m. in Private Duty section. In the absence of Miss Bredgen, Miss A. B. Commer, of Florence, presided and turned the meeting into a round table discussion. Miss McKenna, Directress of Columbia Hospital, held a meeting of the League of Nursing Education on April 30, from 9 to 10:30 p. m. The business meeting was called to order by Miss Bulow at 10:30 a. m. In the absence of the secretary, Miss Terry, of Florence, was chosen secretary pro tem. The minutes of the last meeting were read and approved. As there was no report from the

secretary, Miss Bulow told of letters written to legislators and senators regarding the passage of the Nurses' Bill. Reports of districts followed. District No. 1, made by Miss McConnell of Charleston, 39 members, reports falling off of interest. District No. 2, read by Mrs. Mouzon of Florence, 80 members, 56 paid up, 40 or 50 attend meetings, good lectures given at meetings, \$124 in treasury; reported need of application blanks. Report of District No. 3, read by Miss Watts of Columbia, 103 on roll, 80 paid up, only 20 members at meetings, need stimulation of interest among themselves. Report of District No. 4, read by a nurse from Chester, 21 members. Report of District No. 5, read by Psyche Webster of Greenville, 30 paid up members, \$150 in the treasury. She reported lack of interest. Miss Bulow requested that after the annual meetings of districts a revised list of members and a list of new officers be sent the secretary of the state association. The report of the treasurer showed the amount in treasury to be \$344. The report of the Nurses' Relief Fund, read by Miss Sadler, \$211.50 contributed. Miss Gibson reported no meeting of the Credential Committee. Miss Trenholm read the report of the Ways and Means Committee. She recommended that a list of unpaid members be sent to superintendents of hospitals. She told of obtaining advice and of not introducing a bill this year on account of the chiropractic bill coming up. The meeting adjourned because of a terrible hail storm. After again calling meeting to order, Miss Trenholm reported being handicapped by lack of funds. Miss Reams here made a talk about our proposed bill. She reported having done legislative work; she said the nurses themselves must be educated so that when the committee in charge of the bill calls on them, they will be ready. At this time Miss A. B. Commer made a motion which was carried, that a copy of bill be sent to the president of each district. Miss Trenholm reported no funds available for obtaining copies. It was decided that each district bear the expense of the copy. Miss McConnell made a motion which was carried, that a copy of the transfer cards be sent to the secretary of each district, Form 1 to be kept in the State Association. A motion was

made and carried that districts pay \$2, instead of \$1.50 into the State treasury. The report of the Advisory Committee to the State Board of Examiners was read by Miss Coogan; all applicants passed in spring; three failed in fall. There was some discussion of application blanks and Annie Meyers of Charleston was requested to send a copy of application blanks used by District No. 1 to the secretary of District No. 2. Miss McAllister made a motion that some trophy, probably a cup, be given to the district making the best report; motion carried. After much discussion as to the advisability of paying a secretary, it was decided that the constitution provides in Article VI that necessary expenses incurred by officers be paid from the treasury. The Nominating Committee reported a poor time. The election of officers resulted as follows: President, A. B. Commer, Florence; vice presidents, A. McConnell, Charleston, and Miss Gunnin, Greenville; treasurer, Mrs. Sigmund, Chester; secretary, Mrs. Mouzon, of Florence; councillor, Annie Meyer, Charleston. Fifty-seven votes were cast. Miss Trenholm made a motion, which was carried, that all districts withdraw membership in the State Federation and all districts join the District Federation, delegates from each district to be sent to the State. A rising vote of thanks was given to Miss Reamer, also to Miss Terry. A basket of fruit was sent to the Industrial Home girls who presented the play. Miss Webster presented resolutions of thanks, which were accepted. The meeting adjourned to meet in Chester next year.

Tennessee: Memphis.—THE MEMPHIS GENERAL HOSPITAL ALUMNAE ASSOCIATION entertained the graduating class of eleven members with luncheon at the Shrine Roof Garden. THE BAPTIST MEMORIAL HOSPITAL held graduation exercises on June 10 in the auditorium of the Bellevue Baptist Church. Thirty-four nurses received diplomas. E. W. Porter, member of the Hospital Board of Trustees, delivered the principal address. Myrtle Archer, Superintendent of the Training School, presented the class, and Dr. W. T. Pride extended the congratulations of the medical profession as is always customary.

TEXAS: THE GRADUATE NURSES' ASSOCIATION OF TEXAS held its seventeenth annual

convention at Dallas, June 11-13, at the Adolphus Hotel. The first day's program was opened with an invocation by Rev. Chas. Snowden; the address of welcome by James Collins, in place of the Mayor; responses by Mrs. L. M. McCall of San Antonio and Mary Butler of El Paso; the reading of the 1923 minutes; the report of the secretary, which showed a membership of 1,047, against 822 for 1923, and 1,969 letters written. The treasurer's report shows that the assets of the Association are \$5,765.36. Reports of the following committees were also heard: Nurses' Relief Fund, by E. D. Green of El Paso; Delano Fund, by Mrs. C. R. Hannah, Dallas; *American Journal*, by Anne Taylor of San Antonio; and the Legislative Committee, by A. Louise Dietrich, El Paso, who reported letters written to all Congressmen from Texas in regard to the reclassification bill, and a request sent to the Texas Joint Legislative Committee for a representative on the committee. The president's address was given by Mary Grigsby of Waco. In the afternoon, short addresses were given by representatives of the following organizations: League of Women Voters, Mrs. Turner of Dallas; Parent-Teachers' Association, Business and Professional Women's Club, Women's Temperance Union, and a special address by the Hon. Lynch Davidson, candidate for governor. At 6:15 a dinner was given for the private duty nurses and about 49 attended. In the evening, the Private Duty Section held its meeting with Molly Hines of Ft. Worth presiding. Papers were read, and registry problems discussed by Retta Johnson of Houston and Mrs. Alma Rembert of Dallas.

On Thursday, June 12, the League of Nursing Education held its session at St. Paul's Sanitarium, Ella Read of Houston, as president, presided. The program consisted of the regular routine business, with a complete report of the Institute by Jane Duffy of Austin. Report of the Department of Public Health Nursing of Texas University was given by Miss Duffy; Student Classes under Smith-Hughes Fund by Lizzie Barbour, who reported 32 classes in operation, with 283 students in El Paso, Dallas, Ft. Worth, San Antonio and Galveston. A resolution was passed that these courses be under

the direction of a committee selected from the L. N. E., Board of Nurse Examiners and the Educational Secretary. Miss Read, the President, then gave her address. Papers on the following subjects were read and discussed: The Education of the Nurse, Sister Rafael, Houston; Teaching of Ethics in Schools of Nursing, Miss Gray, Galveston; Principles of Supervision in Schools of Nursing, Miss Maurer, Dallas. Demonstrations given.—Bed Making, Superintendent of Nurses, St. Paul's, Dallas; Teaching of Anatomy, Miss Gaedner, Baylor Hospital, Dallas; Administration of Hypodermics, Miss Reber, Baylor Hospital, Dallas. It was decided to hold the institute in October, 1924, at Austin. The State Association offered to furnish a sum of \$1,000 providing the 12 districts raised \$1,000, as a loan fund for the use of nurses in the state who wish to take instructor's courses. \$750 was pledged by representatives of Districts present. Luncheon was served by the Sisters and Nurses at St. Paul's. At 2 P. M. the Graduate Nurses' Association resumed its meeting with reports from Special Committees, Resolutions Committee, District Associations, and the election of officers. A beautiful banquet was given at the Adolphus at 8 p. m.

Friday, June 13, at 9 a. m., the Red Cross meeting was held with Arline McDonald, of Temple, presiding. A talk by Dr. M. W. Sherwood, of Temple, Texas, State Commander of the American Legion, was very instructive. He spoke of the work for health that the Red Cross is doing now, and urged more nurses to join the Red Cross. This paper was followed by a talk by Miss Dietrich, of El Paso, who spoke of the fact that it was a nurse, Clara Barton, who was primarily responsible for the Red Cross in America, also of Jane A. Delano, to whom we owe our Red Cross Nursing Service and who made it possible for the United States to be provided with nursing service. She spoke of not preparing for war but for peace and urged the nurses to work for the peace program when the time comes. Miss Dietrich was the first Red Cross Nursing chairman of Texas, and spoke with pride of that fact and of the splendid local chairmen in the state. Mary Kennedy, Advisory Nurse, A. R. C., Southwestern Division, gave some very valuable information for

nurses wishing to enroll in the Red Cross. A luncheon for the Public Health Nurses was held at the Y. W. C. A. and very well attended. At 2 p. m. the Public Health Nursing Organization held its meeting with L. Jane Duffy, president, presiding. After the reading of the minutes, reports of Secretary-Treasurer and the President's address, the following papers were read and discussed: Junior Program in Schools, Edna Hammer, Ft. Worth; Nutrition, Miss Kipp, Texas University; Tuberculosis Nursing, Pearl Pate, Dallas; Dallas Public Health Association, Mrs. Helen Palmerton; Maternity and Infancy Welfare, Georgie McKenzie, Austin. After the election of officers, the meeting adjourned and the Nurses' Special with two Pullman cars left for Detroit at 6:15 p. m.

Outstanding Features of the Dallas Convention: The largest ever held. Districts winning the money prizes for largest membership.—Dallas, San Antonio, Austin, Waco, Ft. Worth. Contributions to the following funds.—Russian Nurses' Relief, \$25, Nurses' Relief Fund, \$100, Missionary Nurse, \$50, League of Women Voters, \$25, Prison Survey, \$100. Pledged to Carlsbad Sanitarium nurses \$25; Creating a Loan Fund of \$1,000 for Public Health Nurses; Creating a Loan Fund of \$1,000 for Instructors; Pledging for Dept. of P. H. N. in Austin, if needed, \$500. Resolutions passed to work for World Peace; to work for better prohibition enforcement; to work for Bill to be introduced for reorganization of State Health Department. One new District, including Beaumont, Orange and Jefferson Counties, was organized. Fifty-two nurses signed up for the Detroit meeting. Retta Johnson was elected Historian.

Officers elected for the State Association were: President, Mary Grigby, Waco; vice presidents, E. L. Brent, San Antonio, Arline McDonald, Temple, and Grace Grey, Galveston; secretary-treasurer, A. Louise Dietrich, El Paso; trustees for two years, Mrs. Grace Engblad, Sanitorium, Ella Read, Houston. San Antonio is the place of meeting for 1925.

Officers elected for the League of Nursing Education: President, Ella Read, Houston; vice presidents, May Smith, Dallas, and Mrs. Robert Jolly, Houston; secretary-treasurer, L.

Jane Duffy, Austin; director, A. Louise Dietrich, El Paso.

Officers elected for the Public Health Organization: President, Arline McDonald, Temple; secretary-treasurer, Georgia McKenzie, Austin. Committee chairmen are: *American Journal*, Anne Taylor, San Antonio; Nurses' Relief Fund, Miss E. D. Greene, 1,001 E. Nevada Street, El Paso; Delano Fund, Mrs. C. R. Hannah, Dallas.

Virginia: Rosa Z. Van Voort, formerly Superintendent of Stewart Circle Hospital, Richmond, has recently taken up the reorganization of hospitals and training schools. She has just completed reorganizing St. Elizabeth's Hospital, Richmond, and is now with the Knoxville General Hospital, Knoxville, Tenn.

West Virginia: Charleston.—THE WEST VIRGINIA STATE NURSES' ASSOCIATION will hold its annual meeting at Hotel Kanawha, Charleston, September 25, 26, 27.

Wisconsin: Janesville.—THE MERCY HOSPITAL graduate nurses have completely furnished one of the most modern dressing rooms in the state in connection with a rest room. Large mirrors, dressing tables, spacious drawers and clothes racks add to the convenience of the nurses. Electric wiring for curling irons is a novelty. The funds required, \$300, were raised by a successful bazaar. A sunshine fund has been a success which the alumnae provides against incidental expenses, new furnishings, and aid the unfortunate members of the association. The nurses' home is being redecorated and painted and a hedge has recently been planted around the hospital grounds. The Nurses' Alumnae Association takes charge of these movements in connection with the hospital.

Wyoming: Lander.—Mrs. John McDonald (Ella Hanson), who was married in July, will continue her duties as Superintendent of the Bishop Randall Hospital and Secretary of the State Association.

MARRIAGES

Katherine Dillon (class of 1904, St. Luke's Hospital, St. Louis), to W. E. Lindeman, July 3. At home, Little Rock, Ark.

Vera Belle Dugger (class of 1919, Douglas County Hospital, Omaha, Neb.), to John William Rohrs, August 5. At home, Orange, Calif.

Mabelle Alice Dunstadter (class of 1918, Hospital of the Good Shepherd, Syracuse, N. Y.), to Thomas Theodore Webb, August 2. At home, New York City.

Blanche L. DuVall (class of 1916, the Iowa State University, Iowa City, Iowa), to George A. Telfer, M.D., June 14. At home, Hillsboro, Ill.

Fantine Elizabeth Fenner (class of 1921, Erlanger Hospital, Chattanooga, Tenn.), to Louis E. Starr, August 28. At home, Signal Mountain, Tenn.

Genevieve Forney (class of 1922, Ottumwa Hospital, Ottumwa, Ia.), to James Phillips, June 15. At home, Ottumwa.

Ella L. Hansen (Jewish Hospital, St. Louis, Mo.), to John MacDonald, July 30. At home, Lander, Wyo.

Helen Hartji (Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), to Frank Lyttle, June 26. At home, Omaha, Neb.

Alma C. Jularud (class of 1921, University Hospital, Ann Arbor, Mich.), to John H. Guss, June 24. At home, Minot, N. D.

Ethel B. Kelso (class of 1919, Wyoming General Hospital, Rock Springs, Wyo.), to Thomas, V. Johnson, June 18. At home Broadbent, Ore.

Minnie L. Kingsbury (class of 1921, Great Falls Deaconess Hospital, Great Falls, Mont.), to Fray Buell, July 16. At home, Great Falls.

Agnes M. La Trace (class of 1923, St. Lawrence State Hospital, Ogdensburg, N. Y.), to Neil N. Fifield, June 9. At home, Ogdensburg.

Florence A. Livingston (class of 1917, Passaic General Hospital, Passaic, N. J.), to Clarence I. Simpson, D.D.S., August 6. At home, Passaic.

Maria Nelson (Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), to Arthur Dennison, June 3. At home, Council Bluffs.

Frances Reynolds (Jennie Edmundson Memorial Hospital, Council Bluffs, Iowa), to Robert McIntosh, July 7.

Eva M. Shiner (class of 1920, Passaic General Hospital, Passaic, N. J.), to Dale N. Anderson, July 1. At home, Gulf Summit, N. Y.

Rosa C. Slegfried (class of 1915, Lanekau Hospital, Philadelphia), to S. T. Yost, July 12. At home, Myerstown, Pa.

Helen N. Smith (St. Francis Hospital, Peoria, Ill.), to Robert M. Allyn, June 28.

Eugenia Staunton (class of 1920, Columbus Hospital, Great Falls, Mont.), to John Hegland, July 16. At home, Great Falls.

Harriet Strosser (class of 1923, Georgia Baptist Hospital, Atlanta), to F. C. Garee, Jr., June 14.

Maud Williams (class of 1920, Georgia Baptist Hospital, Atlanta), to H. G. Peek, June 14.

Mabel Winge to N. Lloyd Lillestrand, June 21. At home, Bismarck, N. Dak.

DEATHS

Mrs. Josephine Barnhardt (class of 1896, Illinois Training School, Chicago), on June 30, at the Presbyterian Hospital, Chicago, following an operation. Mrs. Barnhardt was for twelve years in charge of the operating rooms at the Presbyterian Hospital and then did welfare work in Moline for fourteen years. The last few years had been spent in California. Mrs. Barnhardt was a fine, upright woman,—honored and beloved.

Mrs. John C. Brown (Ethel Beatrice Hinds, class of 1914, Toledo Hospital, Toledo, O.), on April 29. Mrs. Brown received her general training in the Toledo Hospital and later took postgraduate work in New York City. During the war she was located at the Naval base in Portland, Maine. At the close of the war she accepted a position as assistant superintendent at the Ohio Valley Hospital, where she remained until her marriage. Mrs. Brown possessed a lovable personality which endeared her to young and old alike. Her untimely death is a source of much sorrow.

Nellie Flannery McDavitt (class of 1888, St. Luke's Hospital, Chicago), on August 11. Mrs. McDavitt was one of the first graduates of St. Luke's. Burial was at Milwaukee, Wis.

Meta M. Nielsen (class of 1918, Maine General Hospital, Portland), on July 27 at her home in Portland, after a long illness.

Miss Niehen was much beloved by her friends and associates. After graduation she served the hospital as night supervisor for a year. Later she was one of the supervisors with the Portland District Nursing Association and just previous to her illness was the historian at the Maine General Hospital and secretary of the Nurses' Alumnae Association.

Mrs. Anthony Clansen (Mattie Peterson, class of 1919) of Kanawha, Iowa, January 8, 1924, at the Hampton Lutheran Hospital, soon after being operated upon for intestinal obstruction. Burial was at Coulter, Iowa, her girlhood home. Mrs. Clansen was a splendid type of woman and a conscientious nurse greatly missed by the Alumnae and by her invalid mother to whom she gave most of her time.

Mrs. Adin Brooks (Marian Skinner, class of 1920, California Lutheran Hospital, Los Angeles, Calif.), in Landour, Mussoorie, India. Mrs. Brooks went to India as a missionary soon after graduation and in September, 1923, was married.

Ann Starr (class of 1921, St. Mary's Hospital, Rochester, Minn.), on May 14, in New York City, of pneumonia with complications. Miss Starr was actively engaged in professional work at the time she was taken ill. She was buried in her uniform, six nurses from St. Mary's Hospital acted as honorary bearers. After a year's experience on private duty, Miss Starr went to Teachers College, New York, for study; she was engaged in public health work in New Hoboken, N. J. She was a kind, gentle and efficient nurse.

"Darkness more clear than noonday holdeth her
Silence more musical than any song;
Even her very heart has ceased to stir:
Until the morning of eternity
Her rest shall not begin, nor end, but be;
And when she wakes she will not think it long."

—Christina Rossetti.

FROM THE HINDU VEDAS

Look to this Day
For it is Life, the very Life of Life.
In its brief course lie all the
Realities of your Existence;
The Bliss of Growth,
The Glory of Action;
The Splendor of Beauty.
For Yesterday is only a Dream,
And Tomorrow is only a Vision,
But Today well lived makes every Yesterday a Dream of Happiness
Every Tomorrow a Vision of Hope.
Look well, therefore, to this Day.

BOOK REVIEWS

PUBLIC HEALTH NURSING. By Mary Sewall Gardner, R.N., A.M. Second Edition. 432 Pages. The Macmillan Company, New York; Price \$3.

"The public health nurse has long been valued as a worker. There seems now to be a growing appreciation of her value as a thinker and a counselor," says Miss Gardner in an early chapter of her new book recently brought out by the Macmillan Company. As an example of this she cites "the inclusion of the National Organization for Public Health Nursing as a constituent member of the National Health Council, a small body composed of representatives of the more important national associations having to do with health. If public health nursing can attract to itself a sufficient number of well-educated and intelligent women, it seems probable that the public health nurse will find a natural place in all councils which deal with problems of health. It is for the nurse herself to prepare for this by study, observation and the habit of wise, temperate and open-minded thinking."

There are three pressing questions in public health nursing administration today and Miss Gardner's book, with its background of history, and its wealth of detailed description of present-day methods and practices, discusses these three questions "wisely, temperately and in the spirit of the open-minded thinker." How can we finance public health nursing? How can we wisely coordinate privately controlled public health nursing with that of the state and the municipality? How can we fit ourselves as nurses for the increasing responsibilities of the public health nurse?

The psychology of giving is different since the war. Everywhere the difficulty of raising money has become greater with each year. Even if this were not so, the rapid development of public health nursing during the past few years and the inability of our fifteen schools for public health nursing to keep pace with the demand would have made it necessary to discriminate in the community services given, since there seems to be no limit to the demand nor to the essential value to community health of extending some twelve types of public health nursing service farther and farther into the homes of every city neighborhood, small town, or rural community.

One says "new" book deliberately, though we recognize with pleasure much material from our tried and trusted old friend the first "Public Health Nursing." This book is new and fresh in its presentation of the story of public health nursing.

Nowhere else can we find, between two covers, so careful an account of the principal aspects of public health nursing or so complete a review of present activities.

MARY BEARD, R.N.,
Boston, Mass.

MANAGEMENT OF DIABETES. By George A. Harrop, Jr., M.D., with an introduction by Walter W. Palmer, M.D. Paul B. Hoeber, Inc., New York. 190 pages. \$2.

The material presented in this little book was, as the author states, the basis of a course given in Presbyterian Hospital, New York, in 1923, to practicing physicians, on "The Treatment of Diabetes Mellitus by Means of Dietary

Regulation and the Use of Insulin. In this book the author has made no attempt to give more than a mere skeleton outline of the disturbed physiology in diabetes mellitus and the fundamental facts concerning diet control and the use of insulin. He has included numerous recipes suitable for the diabetic and valuable food tables. This book is well written, clear and concise, and the author has demonstrated his ability to pick out the things that it would be desirable for all physicians to understand before attempting the routine management of diabetics.

The author in one or two places advises the use of glucose in certain crises of diabetes, by rectum or intravenously. Such teaching seems perfectly fallacious. The diabetic is in extremis because he has been poisoned from his inability to handle the great excess of sugar which he already has. When he is being given insulin to rid him of the excess, why under any circumstances should more of the poisonous substance be given to him in a poorly assimilable form as in glucose?

On page 60 the author says that ether should not be given to a diabetic and that the reason for this is based on clinical experience and not understood. This is a fact and not an assumption, and it seems to the reviewer that there is a perfectly good reason for it. Ether anaesthesia reduces the alkaline reserve quite markedly in normal individuals; in diabetics who need an anesthetic, there is mostly an already greatly reduced alkaline reserve and the added factor of the ether is usually sufficient to produce an alarming acidosis.

Such a book as this is quite worth while. Practically all of the knowledge

which we have for the successful management of diabetics has been gained during the last ten years. The highly technical nature of this knowledge requires many clear, simple exposes, like the contents of this little book, to teach the essentials of the subject to physicians who were graduated earlier than ten years ago, and certainly these same attributes have made this little book one to be warmly commended for the use of nurses.

C. D. CHRISTIE, M.D.,
Cleveland, Ohio.

OBSTETRICS FOR NURSES. By Joseph B. DeLee, M.D. Seventh Edition. 621 pages. Illustrated. W. B. Saunders Co., Philadelphia. Price \$3.

The publication of the seventh edition of this well known textbook is evidence of an increasing sense of the importance of this branch of nursing.

The emphasis on the value of prenatal work by the nurses in maternity centers, or in other public health organizations, is again emphasized and the nurse who undertakes the instruction of her patients in the sincere and sympathetic manner recommended by Dr. DeLee will help many a mother to wisely and safely fulfill her function.

About one hundred pages have been added to this edition and they are made up of valuable illustrations, and more detailed instructions concerning the duties of a nurse in obstetrical anaesthesia, a description of routine methods of pelvic mensuration, and more minutiae regarding sterilization. A lesson plan, similar to the one prepared by Miss Cadmus and used so successfully in many schools, is placed at the end of the book.

This book has proved a useful text in the classes of so many schools and its suggestions are all so valuable both for the scientific and for the personal approach which is so essential an element in good nursing that it seems a pity that the book was not condensed instead of expanded. The subject is so wide, its relations to the health and happiness in the home so essential, that the brief hours of class work must concentrate the attention of students as much as possible.

MARTHA M. RUSSELL, R.N.
Denver, Colorado.

A MANUAL OF THE PRACTICE OF MEDICINE. Eleventh Edition. By A. A. Stevens, M.D. 645 pages. W. B. Saunders Co., Philadelphia. Price \$3.50.

This is a re-issue of a well known text, which has been carefully revised, and to which much new material has been added both to supplement and to replace the old. Some sections have been rewritten, and articles dealing with the more recent studies and conclusions of many aspects of disease have been included.

As in other editions the subject matter is concisely and clearly presented. The titles and sub-titles which the author employs add very much to the facility of making quick reference.

To students of nursing, the general symptomatology which precedes the study of the various groups of diseases will be found useful, not only in increasing their knowledge but also a real aid in cultivating and improving their powers of observation.

Perhaps no better comment on the usefulness and helpfulness of this text

can be made, than the statement made by the publishers that since it was first issued from the press in 1892, it has passed through ten revisions, and has been reprinted a total of twenty-seven times.

HARRIET BAILEY, R.N.
New York City.

THE SPIRIT OF AMERICA. By Angelo Patri. 118 pages. Illustrated. The American Viewpoint Society, Inc., New York. Price \$1.20.

In a series of interpretations, simple and exquisite as his teaching, Angelo Patri has vividly set forth for elementary school children some of the elements and the personalities that make the "Spirit of America."

BOOKS RECEIVED

DIABETES. A Handbook for Physicians and Their Patients. By Philip Horowitz, M.D. Second Edition; revised and enlarged. 218 pages. Illustrated. Paul B. Hoeber, Inc., New York City. Price \$2.

HOSPITAL ACCOUNTING. By J. W. LaGrange. 157 Pages. Illustrated. J. W. LaGrange Co., New York City. Price \$2.50.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Prepared under the direction of Maj. Gen. M. W. Ireland, M.D., Surgeon General of the Army. 827 pages. Illustrated. The Superintendent of Documents, Government Printing Office, Washington, D. C.

BACTERIOLOGY AND PATHOLOGY FOR NURSES. By Jay G. Roberts, Ph.G., M.D. 227 pages. Illustrated. W. B. Saunders Co., Philadelphia. Price \$2.

DIABETES AND ITS TREATMENT BY INSULIN AND DIET. By Orlando H. Petty, M.D. Illustrated. 111 pages. F. A. Davis Co., Philadelphia. Price \$1.50.

CANCER: HOW IT IS CAUSED. HOW IT CAN BE PREVENTED. By J. Ellis Barker. 478 pages. E. P. Dutton and Co., New York. Price \$3.

An argument by a layman who believes that real regard for the laws of personal hygiene would enormously reduce the incidence of cancer.

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